



# YIRRA KOORL looking forward

#### YOUR WELLBEING AND PREVENTION UPDATE FOR THE WHEATBELT - APRIL 2022

Welcome! This issue sees us move from Bunuru (season of adolescence) - the hottest time of the year with little or no rain - into Djeran (season of adulthood) when the cooler weather begins.

This change, and associated uncertainty, is also being felt within our communities. Learning to be adaptable will be crucial as we navigate the everchanging COVID-19 scenario. Here are 9 tips to help adjust:

- 1. Give yourself time to process new information.
- Be flexible and open to relinquishing control over the situation.
- 3. Allow yourself time to adapt to change.
- Go easy on yourself and manage expectations at work/home.
- 5. Focus on what you can do not on what you can't.
- Accept uncertain situations

   focus on the present rather
   than the future.
- 7. Try to respond calmly rather than reacting immediately.
- Set new routines that work for you and don't pressure yourself
- Practice mindfulness be in the moment and focus on what you can achieve today

We would like to acknowledge those who were impacted by the recent bushfires in the Southern Wheatbelt. Our thoughts are with you.

The WCADS Prevention Team have a key focus for 2022 to support Local Government Authorities to develop their Public Health Plans. Read more on page 2.

· The Editorial Team

## INTRODUCING AN INTEGRATED SUICIDE PREVENTION PROJECT IN THE WHEATBELT

We are pleased to inform you that Holyoake's Wheatbelt Community Alcohol and Drug Service (WCADS) is introducing an integrated, place-based Suicide Prevention Project throughout the Wheatbelt during 2022. This has been made possible thanks to funding from the WA Primary Health Alliance (WAPHA).

"Empowering individuals and communities is at the heart of this activity. The establishment of community-led initiatives will encourage tailored, sustainable solutions to meet the diverse needs of our Wheatbelt communities" said Melissa Spark, WAPHA Regional Manager, Wheatbelt.

We developed this project based on the Alliance Against Depression model and the 'Lifespan' framework for suicide prevention. Our aim is to increase knowledge about mental health and suicide prevention, promote help seeking behaviours, and improve access to primary care and supports.

"Holyoake welcomes this new initiative from WAPHA to build community capacity to support our vulnerable cohorts across the Wheatbelt region." said Lorraine Keane, CEO of Holyoake.

This project will cover approximately 188,000 square kilometres, including 43 local government authorities. It will ensure that individuals and communities have access to information and empower them to access the support they need in a timely manner. We will focus on activities aligned across four key pillars of service delivery:

1. **Primary Care** Suicide prevention training will be provided to GPs, practice nurses, practice managers and pharmacies to encourage help-seeking behaviour in the community.



CONNECTION | EMPOWERMENT | EDUCATION | GRANTS

- 2. Education & Training Free mental health literacy and suicide prevention training will be provided to professionals, paraprofessionals, and community members to increase confidence in being able to identify risk and how to access or refer into support.
- **3. Grant/Funding Round** will be offered to LGAs, organisations, community wellbeing plan committees, incorporated bodies, and service groups to undertake place based grass roots suicide prevention activities and training that align to the Alliance Against Depression Pillars.
- **4. Community Champions** will be identified with representation from the most vulnerable sub populations. They will have access to free training and resources to build capacity and embed suicide prevention activities at a community level.

This project will be managed by Jo Drayton, Holyoake's Wheatbelt Suicide Prevention Coordinator. She believes it will assist and empower individuals and communities to deliver solution-focussed activities to reduce risk and improve safety. It will also help equip the workforce to support individuals in distress or those living with suicidal ideations.

This project will be governed by a Wheatbelt Reference Committee with representation from Holyoake WCADS, WAPHA, and the WA Country Health Service (WACHS).

Please visit the Wheatbelt Suicide Prevention Project Portal for more information.





## cover story

#### SUPPORTING LOCAL GOVERNMENTS TO DEVELOP PUBLIC HEALTH PLANS



The Public Health Act (2016) was developed to provide a more flexible and proactive framework for the regulation of public health. The key objectives include:

- Promoting public health and wellbeing in the community
- Supporting programs and campaigns intended to improve public health
- Encouraging individuals and communities to plan for, create and maintain a healthy environment.

The Act is being implemented in 5 stages over 3-5 years. Stage 5 is expected to start in July 2022. It includes the requirement for each LGA to have a localised Public Health Plan within 2 years of this stage being enacted.

Developed in preparation for Stage 5, the State Public Health Plan for WA (2019-24) guides LGAs to commence or continue the public health planning process. It provides a framework to consider and adapt to reflect specific risks prevailing in their localities.

The Plan identifies priority risk factors for WA - including the harmful use of alcohol, illicit drug use and misuse

1. Change community attitudes towards alcohol use Reducing 2. Influence the supply of alcohol in accordance with the Liquor Control Act 1998 harmful alcohol 3. Reduce demand for alcohol 4. Promote environments that support people not to drink or to drink at low-risk 1.6 1. Increase helpseeking behaviour and reduce stigma around illicit drugs and Reduce use of emerging drugs of concern illicit drugs, 2. Support state-wide evidence-based strategies to prevent and reduce illicit misuse of drug use and related harms pharmaceuticals and other drugs 3. Increase awareness of the harms associated with illicit drug use, while not being stigmatising 4. Continue to mobilise communities and other stakeholders to work in partnership on evidence-based prevention activities addressing drug use and related harm 5. Develop personal skills, targeted public awareness and engagement regarding misuse of pharmaceuticals and other drugs of concern 1. Increase public awareness about mental health and wellbeing, and suicide **Optimise mental** prevention Build community capacity to reduce stigma, increase awareness of where to go for help, and promote strategies to optimise mental health and wellbeing wellbeing 3. Create and maintain supportive environments that increase social connectedness and inclusion, community participation and network

of pharmaceuticals, and mental health issues. The table on this page illustrates the relevant Policy Priorities and associated Priority Activities as outlined in the Plan and to be considered in the development of LGA Public Health Plans (PHP).

The Holyoake WCADS Prevention Team can support LGAs during the development and implementation of their PHPs in relation to Alcohol and other Drug (AOD) and mental health priority areas and activities which include:

- Education and training to increase AOD, mental health and suicide prevention literacy:
  - o Awareness of Mindframe guidelines for nonstigmatising language
  - o Risks and impacts of AOD use and mental illness on communities
  - o Knowledge of evidence-based and informed prevention initiatives
  - o Local, state and national AOD, mental health and suicide support networks and resources.
- Implementation of the Mental Health Commission's Community Perception Surveys for AOD use, mental health and suicide.
- Promote, facilitate and support dissemination of state and national prevention campaigns to community and stakeholders, including Alcohol. Think Again, Think Mental Health, RUOK? and Drug Aware.
- Provision of training and education to professionals, paraprofessionals, stakeholders and community members, including suicide prevention; workplace wellbeing and professional selfcare; recognising and responding to amphetamine and opioid overdose; and trauma informed care and practice.
- Support stakeholders and community groups in the development and implementation of AOD, mental health and suicide prevention evidence-based initiatives and activities.
- Facilitate the development of Community Wellbeing Plans with local stakeholder coalitions. These 2-year plans aim to improve individual and community safety, which incorporates AOD and suicide prevention. Since these plans address Priority Areas 1.5-1.7 of the State PHP (2019-2024), they can be used as supporting documents to LGA PHPs.

For more information on any of these initiatives, please email <a href="mailto:wcadsprevention@holyoake.org.au">wcadsprevention@holyoake.org.au</a>







## alcohol and other drug news/updates



#### **NEW RESEARCH INTO ALCOHOL ADVERTISING AND SALES DURING COVID-19**



At a time when Australians are doing it tough because of COVID-19, we have seen alcohol companies increasingly promote their products and even frame them as a way to cope and feel better during this public health crisis.

According to recent research, companies that sell alcoholic products spent 52% more in 2021 on advertising in Australia than they did in 2019.

Moreover, a 2020 FARE and Cancer Council WA analysis of the alcohol advertisements received by a social media user showed that alcohol ads were shown on Facebook and Instagram on average every 35 seconds, with 71% explicitly or implicitly referencing COVID-19. Key marketing messages include: get easy access to alcohol without leaving your

home (58%), save money (55%), buy more (35%), drink alcohol during COVID-19 (24%), use alcohol to cope, survive, or feel better (16%), and choose 'healthier' alcohol products (14%).

A new report by FARE based on Australian Bureau of Statistics findings has shown alcohol retail companies have made record-breaking sales during the pandemic. There was an increase of 29% (\$3.6 billion) between 2019 and 2021 and an all-time high of \$15.9 billion for the 2021 calendar year.

The marketing messages being used to promote alcohol during COVID-19 are particularly concerning as they promote known risk factors for harmful drinking, including buying more, drinking to cope, drinking daily and drinking at home or alone in the home.

Click here to read the report. More information at: <a href="https://fare.org.au/">https://fare.org.au/</a>

#### FARE: EVERY MOMENT MATTERS CAMPAIGN



Almost one in three Australians aren't aware that drinking alcohol during pregnancy can cause Fetal Alcohol Spectrum Disorder (FASD). Nearly one in four aren't aware alcohol should be avoided altogether during pregnancy for the health of mum and baby.

That is why FARE has developed Every Moment Matters - a nation-wide prevention campaign promoting and supporting alcohol-free pregnancies and breastfeeding, endorsed and funded by the Australian Government Department of Health.

This campaign aims to support Australians to stop drinking alcohol through all the moments of pregnancy, from the moment they start trying to get pregnant. It is the first phase of a broader program of work and will run from November 2021 to July 2024. Resources are available on the website in 19 languages for those that are pregnant, planning a pregnancy or breastfeeding; partners, families and friends; and health professionals.

Click here to access the resources library. More information at: <a href="https://everymomentmatters.org.au/">https://everymomentmatters.org.au/</a>





## alcohol and other drug news/updates contd...

#### **NEW STRATEGIES** TO RESPOND TO STIGMA

Illicit drug use disorders are some of the most stigmatised health conditions worldwide, and stigma acts as a meaningful barrier to treatment entry and provision. A new Turning Point and Monash Addiction Research Centre paper reviewed the drivers of stigma and how it affects opioid use disorder treatment and policy.

Stigma is often described as 3 interacting types:

- Structural stigma or institutional stigma exists at a macro level and encompasses the rules, policies and practices that constrain the opportunities and resources of the stigmatised group.
- 2. Public stigma stereotypes and negative attitudes that result in prejudice and discrimination.
- Self-stigma negative thoughts and feelings from identifying with a stigmatised group that has negative impacts on mental health, wellbeing and behaviour.

The narrative review discusses how opioid-related stigma impacts treatment provision and harm reduction. It provides potential strategies to reduce opioid-related stigma at the macro (structural), meso (public) and micro (internalised) levels. For example, one strategy for reducing stigma at the macro level is population-wide anti-stigma campaigns like Rethink Addiction.

Consumer engagement at the systems level is a strategy that promotes person-centred health care and may reduce stigmatisation of service users. Ideally this involvement should also include the development and review of policies to eliminate stigmatising language. Reforming laws, policies and institutional systems that create barriers to accessing quality care, and integrating substance use disorder treatment into mainstream health care is also important when addressing treatment inequities and health disparities among people with opioid use disorder.

Reducing stigma requires strategies that target multiple levels, and addressing inequity in the laws, regulations, and rules that segregate people with opioid and other substance use disorders from mainstream society is essential. Reducing stigma also helps ensure people living with addiction and their families get the help and support they need and deserve.

<u>Click here</u> for more information and to read the research paper.

#### HEALTH AND WELLBEING FOR THE **AOD WORKFORCE IN 2022**



WANADA recognises that the AOD sector will be delivering critical services during times of increased COVID-19 infection in WA. This peak body supports AOD service providers through

advocacy, sector capacity building and communication with members and other stakeholders. One example of this is the development of the Alcohol and other Drug Sector COVID-19 Resource List to assist service continuity planning.

Worker health and wellbeing is a priority, and all AOD workers are encouraged to download the Alcohol and other Drug Sector Guide to Wellbeing Resources and resources from the Mental Health Commission's Think Mental Health campaign.

WANADA can be contacted on 6557 9400 or drugpeak@wanada.org.au

#### PEER SUPPORT IN THE COUNTRY







Sober In The Country (SITC) is a grassroots rural charity leading social impact and change across rural Australia through peer support, education, advocacy, and their #OK2SAYNO campaign and message. SITC currently focus on 3 main pillars:

- Broad scale advocacy and 'straight-talk' education
- 2. Engagement with communities
- 3. Strictly rural and remote only peer group called the Bush Tribe

Through **Bush Tribe**, they provide a peer support space where bush people can yarn with other bush people to reduce drinking and access an accepting space to chat with like-minded people. It is a safe, friendly, nonjudgemental space for members that cannot access support where they are.

More information at soberinthecountry.org







## alcohol and other drug news/updates



#### **ALCOHOL AND THIAMINE**



Alcohol and Drug Foundation

Thiamine (also known as vitamin B1) is an essential nutrient used by the body to convert food into energy. Thiamine utilises the fats, proteins and carbohydrates we consume to fuel the functions of the heart, nerves and brain.

Thiamine deficiency, although rare in most developed countries, is common in people who consume excessive amounts of alcohol. Up to 80% of people with alcohol dependency develop thiamine deficiency which can cause:

- · loss of appetite
- constipation
- · fatigue
- · blurry vision
- · changes in heart rate
- · irritability
- nausea and vomiting
- reduced reflexes and tingling sensation in the arms and legs
- · shortness of breath
- · muscle weakness

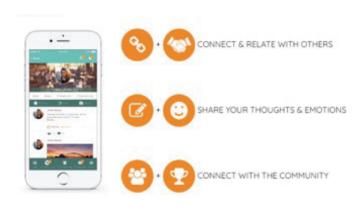
Thiamine deficiency can be treated by ceasing alcohol consumption, eating a nutritious diet and by taking vitamin B1 supplements. However, diet and supplements alone are not effective if heavy alcohol use continues because alcohol will block absorption.

Click here for more information.



#### **BREATHING SPACE**





Breathing Space is a purpose built, moderated and secure social network where families and friends who support someone using AOD can seek support from clinicians and each other to help them improve their wellbeing and resilience.

Breathing Space has been tested in clinical trials and is part of the Family and Friends Support Program (FFSP) developed by the Centre for Brain and Mental Health Research at the University of Newcastle and the Matilda Centre for Research in Mental Health and Substance use at the University of Sydney.

The FFSP program recognises that supporting someone who is using AOD can be extremely stressful and aims to assist families and friends to best manage the demands of this role whilst maintaining their own health and wellbeing. This community is moderated by the research team, including psychologists and social workers, who are online regularly to provide therapeutic engagement, content, and discussion topics.

<u>Click here</u> for more details.





## alcohol and other drug news/updates

#### **OURFUTURES - AN ONLINE PROGRAM FOR TEACHERS AND STUDENTS**



Login

Register

About us

Modules we offer

The evidence

Contact

Innovative and engaging evidencebased health education courses to empower students to improve their health and wellbeing





47

The Matilda Centre has launched a refreshed and rebranded school-based mental health, AOD education program known as *OURFutures* (previously known as Climate Schools). It provides a suite of universal courses that utilise interactive cartoon storyboards and class activities to engage and educate students. The modules are evidence-based, curriculum-aligned health education courses aimed at empowering secondary school students to take charge of their health and wellbeing.

The rigorous development and review process spreads over two decades with the effectiveness of the program established in seven large randomised controlled trials including more than 14,600 students from 169 schools across Australia. A recent study that assessed participants 7 years after program delivery showed that *OURFutures* is the first of its kind to have lasting effects, up to the age of 20, reducing risky drinking and related harms into early adulthood. There are 5 modules:

- Alcohol (Year 8): Alcohol, the law and underage drinking; risks of alcohol use; myths and facts; strategies teens can use to keep themselves and each other safe; decision making skills; first aid
- 2. Alcohol and Cannabis (Years 8/9): Alcohol and the law; effects of alcohol consumption and strategies to minimise harm; what is cannabis and its effects; consequences of alcohol and cannabis use.

- 3. Cannabis and Psychostimulants (Years 9/10): drug classification; effects; impacts on health and wellbeing; reducing drug-related harm; future decisions
- 4. Mental Health (Years 8/9/10): Identifying anxiety and depression; realistic thinking; facing fears; assertiveness; responding to stressful situations; problem solving
- 5. MDMA and Emerging Drugs (Year 10): Drug classification; risks; impacts of MDMA and emerging drugs; making choices; decision-making skills; seeking help for drug-related emergencies.

There are a number of other new features to help teachers and students get the most out of the program:

- Modernised materials
- · Alignment with the latest evidence
- · Curriculum mapping
- · Increased accessibility
- Interactive activities
- Marking centre
- · Teacher discussion board

OURFutures can be accessed for free in Term 1 and 2, 2022. More information at: <a href="https://ourfutures.education/">https://ourfutures.education/</a>







## suicide prevention news/articles



### **Adverse Childhood Experiences**



Children are born with the potential to do great things for themselves, their family and their community. But Adverse Childhood Experiences (ACE) can get in the way of thier potential - by impacting their relationships, sense of self and perceptions of the world around them.

ACEs are very stressful events or circumstances that may occur during childhood. They can have significant effects on infants' and children's physical health, mental health and social functioning. Without support, their health and wellbeing can continue to be impacted by ACEs during adolescence and into adulthood.

Social inequalities such as unemployment, food insecurity, homelessness, financial hardship, and racism place greater stress on families and increase the likelihood of childhood adversities occurring. This explains why the rate of adversity is higher among vulnerable populations, such as Aboriginal and Torres Strait Islanders (Zubrick et al., 2005), juvenile offenders (Baglivio et al., 2014), and children involved in welfare services (Kerker et al., 2015).

ACEs are now considered a critical public health challenge (Sara & Lappin, 2017), which impact not only an individual's physical and mental health outcomes over a lifetime, but their ability to contribute meaningfully to society. But poor outcomes are not inevitable. If we intervene early - with strategies to strengthen children's resilience and relationships, and policies to better support families experiencing hardship - we can not only reduce the impact of childhood adversity, but even prevent it from occurring in the first place.

The most widely recognised and researched ACEs relate to abuse, neglect, and household adversities, such as <u>parental substance use</u> or <u>family and domestic violence</u> (Felitti et al., 1998). Data on the prevalence of different ACEs in Australia is limited (Lamont et al., 2014), but it's estimated rates may

rise as a result of the <u>coronavirus (COVID-19) pandemic</u>, which has seen the number of families experiencing financial hardship, social isolation, housing stress and mental health difficulties increase (Australian Institute of Health and Welfare, 2021; Bryant, Oo, & Damian, 2020).

The most effective prevention and early intervention strategies against ACEs focus on (Marie-Mitchell & Kostolansky, 2019; Centre on the Developing Child, 2015; Traub & Boynton-Jarrett, 2017):

- Promoting children's resilience
- Building and strengthening safe, supportive adultchild relationships
- Building children's sense of self-efficacy
- Providing children with opportunities to improve their adaptive and self-regulatory skills
- Strengthening children's connections with their spiritual and cultural traditions
- Educating families on the impacts of ACEs and how they can be reduced

"If we intervene early, we can not only reduce the impact of childhood adversity, but even prevent it from occurring in the first place".

<u>Click here</u> for more information, resources, e-learning and tools

## Lifeline Crisis Text Service goes 24/7

Australians are reaching out to Lifeline's crisis support and suicide prevention services in record numbers, hitting more than 3700 calls in one day last month. Now, thanks to \$1.5



million in government funding, Lifeline has introduced a 24/7 crisis text service to expand its support for Australians struggling with the challenges of COVID-19.

This service is now available 24 hours a day, 7 days a week via confidential text message to 0477 13 11 14. Following a few questions via text, Australians will be connected to a trained Lifeline crisis supporter.

Lifeline received a record 1,070,860 calls from Australians in crisis in 2021 but managed to increase its average call answer rate to 90.4%. During the same period, the service also responded to 51,265 text conversations.





## suicide prevention news/articles contd...

### Strategies for navigating COVID-19 and complex trauma



As we begin 2022, globally and locally we are still facing a challenging pandemic. Knowing that the pandemic is a once in a 100-year event is not a great comfort as we approach a third year of uncertainty.

For those living already with the impacts of complex trauma, the ongoing threat and fear is reminiscent of prior trauma experiences. Many already experience mental distress all too frequently and have nervous systems which can go from being on high alert to being shut down without warning. COVID-19 brings additional fears of illness of hospitalisation and loss of life, as well of the reality of financial hardship or job loss and for many who have significant support needs, challenges getting the support needed sometimes daily... but that doesn't mean there is nothing we can do.

For individuals living with complex trauma, as always, and even more so during these times, it's important to focus on the activities and daily routines which they have found helpful for our wellbeing previously. Everybody is different and often it is trial and error, as we explore what is useful for each individual during these times. Remember that even though this pandemic has been going for some time, it will end and is temporary. It is important always to hold onto hope that things can and will improve down the track

We hope that some of these suggestions will prove helpful for you. And remember that it is to be not unusual to feel extra stressed right now. Many people are feeling this way and we are all doing what we can to manage:

- Try to get some restful sleep a regular routine can help.
- Eat as well as you can and drink lots of water. It can really make a difference.
- Stay as active as you can be. It doesn't have to be anything extreme but exercising regularly can make a big difference not just to your fitness but to your mental wellbeing.

- Maybe use this time to try and reset yourself a new healthy routine - it doesn't have to be anything big. One small step at a time.
- Many of us are working from home, and even though this can bring benefits it is important to separate your working day from your home life. See what you can do to make things work best for your own mental health and wellbeing.
- Do things that you enjoy. Have fun. Be creative. Explore a hobby - maybe something you've always wanted to try.
- Get fresh air regularly. Step outside and feel the sun or enjoy the beauty of nature.
- Do whatever helps you to feel better and keeps you as safe as possible as circumstances change.
- Staying informed but use reliable sources rather than personal opinion, if possible. That said take a break from your phone, social media, and the television as it is easy to feel overwhelmed by COVID news as it is reported 24 x7.
- Make a plan around how to stay connected to the important people in your life and keep talking - by phone or online if face-to-face is just not possible.
- Reach out in safe ways when you need to and when you want to. Sharing how you're feeling and staying socially connected can really help.
- · Support others when you can. It is a time for us all to show compassion to one another.
- · Regularly practise strategies which are soothing. For some people this is a stretch or a swim, or even a bath. Something that can help you to calm your nervous system - perhaps trauma-informed yoga, mindfulness, or meditation - experiment and see what works for you.
- Try not to use too much medication which has not been prescribed or recommended and limit your use of alcohol and drugs as much as possible.
- Listen to music, watch, or read something you enjoy, find uplifting or which is a distraction.

Click here for fact sheets with information on taking care of yourself and others during the COVID-19 pandemic.

Blue Knot Helpline: 1300 657 380 (9am-5pm Monday to Sunday AEST).







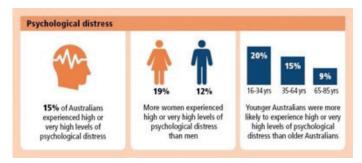
## suicide prevention news/articles



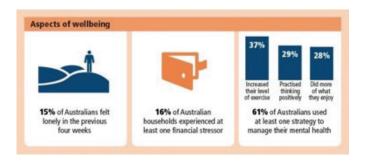
## National Study of Mental Health and Wellbeing 2020-21

In 2020-21 the Australian Bureau of Statistics conducted the first cohort of the National Study of Mental Health and Wellbeing (NSMHW), a component of the wider Intergenerational Health and Mental Health Study (IHMHS)

Information collected in the NSMHW will be used to help understand the mental health of Australians, including their use of services and their social and economic circumstances. First insights for 2020-21 are now available; some of the highlights are featured in the following infographics:







More comprehensive statistics will be released in June 2022, including the number of Australians with mental disorders such as depression and anxiety. <u>Click here</u> for more information.

## Youth Suicide Prevention Policy Statement

In December 2021, SPA released a Youth Suicide Prevention Policy Statement based on the following context and commentary:

- Suicide is the leading cause of death among young Australians 15-24 years – accounting for one third of deaths.
- Young males aged 15-24 years have a suicide death rate of 21.2 per 100,000, compared with 6.7 for young females
- Among Indigenous young people aged 15-24, the rate of death by suicide per 100,000 was 58.9, compared with 18.5 for non-indigenous young people.
- Other groups of young people at higher risk include those in rural and remote areas, those in contact with the justice system, those leaving statutory care, those who have been exposed to suicide or suicide-related behaviour, and LGBTIQ+ young people.
- COVID-19 has been very disruptive for young people due to school disruptions, loss of key milestones, and uncertainty about the future. Kids Helpline reported significant increases in calls from young people experiencing suicidality during this time.
- Self-harm and suicidal ideation-related hospital admissions have increased for young people in some jurisdictions.

The Youth Suicide Prevention Policy Statement recommends:

- Need for youth-specific, co-designed early intervention strategies
- Need for youth-specific, co-designed services for young people in crisis
- Equipping young Australians to identify and respond to signs of distress

<u>Click here</u> for more information about the Policy Position statement.





## suicide prevention news/articles contd...

### Recognising signs of mental ill health during a pandemic

Many experts have predicted that the pandemic will have significant impacts on mental health. Recent figures suggest that the presentation of mental illness and psychological distress may have increased due to the pandemic and related factors (AIHW, 2020). The longer-term impacts on mental illness and suicidality are not yet known and will need to be measured over some time.

It is conceivable that any period of extreme or prolonged stress from outside pressures, can impact wellbeing and increase the occurrence of issues such as depression, anxiety, and trauma, among other problems. The current environment may further exacerbate problems for people with mental illness or those who are otherwise going through a difficult time. Even people who usually feel mentally healthy or who have no previous experience with mental illness, may be struggling at this time of change and uncertainty.

#### Who is at risk?

Regardless of the current environment, statistically we will all be impacted by mental health problems, either personally or through someone we know (Australian Productivity Commission, 2020). 1 in 5 Australians will experience an episode of mental illness in any year. This means that in our everyday lives at home, work, school or when out socialising, we will be in contact with people with diagnosable mental illness or other forms of mental health problems. It makes sense for us all to be armed with common knowledge about mental health and how to offer help to someone who may be struggling with it.

#### Signs to look out for

Mental illness is complex and affects people in different places, at different times, and in different ways. The signs and symptoms will differ from person to person. It can depend on the type of mental health problem, the personality of the person, the environment they are in, and their relationship with you. Here are some signs to look out for:

- · Sudden or concerning changes in behaviour risk taking, negative behaviours or doing things that seem worryingly out of character.
- Mood swings, erratic moods intense highs and lows.
- Seeming sad, low, dark, or dejected much of the time.
- Crying or other open displays of sorrow.
- Withdrawal from others socially, emotionally, or physically.

- Lack of interest in things that once brought joy or
- Erratic movements e.g., jittery, jumpy, bodily ticks.
- Negative talk seeming pessimistic about themself, their life, or the future.
- Frequently or overtly expressing anger, frustration, or other intense negative emotions.
- Preoccupation or talk about death, dying or morbid things.
- Deliberately harming or injuring themselves.
- Suicidal thoughts, ideas or talk.
- Threatening or aggressive behaviour such as angry outbursts.
- Seeming lost, unsure, or hopeless about their situation.
- Lack of interest in work, family, hobbies, or social networks.
- Sleep disturbances sleeping too much or too little or experiencing fatigue.
- Increased or dangerous alcohol or other substance use.
- Confusion, disorientation or disassociating behaviours.
- Outward expressions of not coping or calls for help.

#### A quick guide to help if you see the signs

- Approach the person: The important first step is to connect - you may be the only support the person has received and getting them the help they need.
- Listen supportively: Let the person know you are open to listening in a non-judgemental way. Allow the person time to explore their concerns, this means practising patience and active listening. Sometimes letting someone express their thoughts and feelings can be very therapeutic.
- Give support: Your role is not to diagnose/solve their problems, but rather to be a support and to facilitate pathways to further help. Acknowledging and validating the person's experiences, feelings and emotions is important. You can also provide information about the options
- Encourage help-seeking: If the person is experiencing mental illness, or in crisis, they will likely need professional support. Encourage the person to contact a GP, counsellor, psychologist, or helpline specific to their needs.
- Encourage other supports: You should not be the only source of support. Linking the person up with a plan for self-help and other in-community supports lets them build a network of options.

us on:







## suicide prevention news/articles



### 'Learn to Look After You' Campaign



The Mental Health Commission (MHC), in partnership with specialist mental health provider THIS WAY UP and Cancer Council WA, have launched 'Learn to Look After You', a new state-wide Think Mental Health campaign. It aims to promote positive mental health in response to emerging community anxiety.

Research shows people gravitate toward dwelling or 'ruminating' about things out of their control (whether perceived or actual), which exacerbates negative feelings. 'Learn to Look After You' acknowledges these feelings, and provides practical, evidence-based strategies to help manage feelings and to reduce stress and anxiety.

The campaign will run for an initial three-month period until mid-May, across state-wide television, catch-up television, radio and social media platforms. All the advertising will link to the <u>Think Mental Health website</u>, where people can find practical information about strategies to support their mental health and wellbeing, as well as appropriate helplines and support services.

- The key messages of the campaign are:
- Treat yourself with kindness and cut yourself some slack
- Shift your thoughts and focus on the good stuff
- Do what brings you joy
- Remember that things change, and you might have to roll with plan B
- Connecting with others
   <u>Click here</u> to download the community toolkit.

## Gambling and Suicide Prevention - A roadmap for change





Increasingly, the evidence is clear that the social determinants of health and wellbeing, including social, economic and physical environments, play a critical role in suicide rates. What we do in our health system is key to saving lives, but the solutions go much further. Only half of those who tragically lose their life to suicide each year access mental health services at the time, so widening the support structures and services beyond health is critical.

Suicide Prevention Australia (SPA) have partnered with Financial Counselling Australia to develop a report looking into the links between gambling-related suicides and what needs to be done to better support those at risk.

They have looked into gambling-related suicides, including a roundtable comprising those with lived experience, clinicians, service providers and researchers and sector leaders. It is known that gambling can heighten two key risk factors for suicide which are financial hardship and relationship breakdown. Protective factors for suicide, such as social support, physical health and employment can be compromised by gambling issues.

Gambling-related suicides are under-reported and not getting the policy attention they deserve. This is why SPA have released Gambling and Suicide Prevention: A roadmap for change, a report that outlines key opportunities for action. These range from increased efforts to identify and record gambling-related suicides to steps that banks, gambling providers and regulators can take to reduce gambling harm.

<u>Click here</u> to access the full report.





## training & workshops

## Face-to-Face Training available in the Wheatbelt

Keyworker Plus  (AOD skills training for mental health professionals and paraprofessionals)	3 Days	https://www.mhc.wa.gov.au/training-and-events/training-for-professionals/mental-health-training/
Trauma Informed Care and Practice	1 Day	https://www.mhc.wa.gov.au/training-and-events/training-for-professionals/mental-health-training/
Mental Health First Aid  · Adults	2 Days	https://mhfa.com.au/courses
· Youth	2 Days	https://mhfa.com.au/courses
· Older Adults	2 Days	https://mhfa.com.au/courses
· Aboriginal	2 Days	https://mhfa.com.au/courses
· Custom Mental Health Workshop for Teens		Developed and delivered by MIFWA
Blended Online Mental Health First Aid Regional Course	Online & 2x ½ Days	https://www.mifwa.org.au/event/blended-online-mental-health-first-aid/
Gatekeeper Suicide Prevention Training for professionals, first responders and paraprofessionals	2 Days	https://www.mhc.wa.gov.au/training-and-events/suicide-prevention-training/
Applied Suicide Intervention Skills Training (ASIST) for community members and volunteers	2 Days	https://www.livingworks.com.au/programs/asist
safeTALK suicide awareness training for community members and volunteers	½ Day	https://www.livingworks.com.au/programs/safetalk/
Strong Spirit Strong Minds Ways of Working with Aboriginal People training	2 Day	https://www.mhc.wa.gov.au/training-and-events/ strong-spirit-strong-mind-aboriginal-programs/ways-of- working-with-aboriginal-people/
Recognise and Respond to Methamphetamine and Opioid Overdose - training for professionals, first responders and paraprofessionals	1 Day	https://www.mhc.wa.gov.au/media/3473/aodtrainingcal- 2021-sem1-a3-mk3.pdf
Volatile Substance Use (VSU) and Incident Reporting Program	1-2 hours	Presented by the WCADS AOD Prevention Officer. School presentations are conducted in collaboration with Road Safety & Drug Education (SDERA) branch representatives.







## training & workshops contd...



Rural Minds training - mental health training with modules on risk and protective factors for rural communities	½ Day	https://www.rrmh.com.au/programs/rural-minds/
Distress and why Mental Health and Wellbeing Matters - delivered by the Regional Men's Health Initiative	1 Hour	https://regionalmenshealth.com.au/
Talk to a Mate - delivered by the Regional Men's Health Initiative	1 Hour	https://regionalmenshealth.com.au/
Looking after Your Mates (Suicide Awareness) - delivered by the Regional Men's Health Initiative	1 Hour	https://regionalmenshealth.com.au/
Deadly Thinking - social and emotional wellbeing training for professionals, paraprofessionals and communities	1 Day	https://www.rrmh.com.au/programs/deadly-thinking/
Staying SAFE with SOLID yarning - suicide prevention yarning for communities	½ Day	https://bit.ly/34SeGg2
DV (Domestic Violence) Alert Training	2 Days	https://www.dvalert.org.au/
Accidental Counsellor	½ Day	https://www.lifeline.org.au/get-involved/corporate-training/accidental-counsellor/
Workplace Wellbeing and Professional Selfcare Workshop	½ Day to Full Day	Developed and delivered by the Wheatbelt Suicide Prevention Coordinator - select from:  Mental Health Literacy - stress, anxiety, depression and situational crises  Introduction to suicide prevention  De-briefing  Professional selfcare tips and strategies  Language, communication and de-escalation skills  Navigating change and uncertainty - with clients and organisations  Mentally healthy workplace  Burnout/Compassion fatigue  Emotional entelligence within the workplace  Mental toughness and its impact on productivity  Development of a workplace wellbeing strategy / strategic plan

To express your interest in any of the above training please email <u>WCADSprevention@holyoake.org.au</u>





## training & workshops

## WA Recovery College Alliance Courses

Navigating Life with a Criminal Record Course

Time: 10am-12pm

Venue: Central Regional TAFE, Lot 1, Hutt Street,

Northam, WA 6401

Date: 1 April 2022

Cost: Free

Register: Navigating Life with a Criminal Record -

Northam (1 April) - WA Recovery College

Description: Learn how to navigate life with a criminal

record and what opportunities and resources are available to you. Expand your ideas about employment and support, fuel your motivation to find work, and manage any roadblocks you

may encounter along the way.

### **Online Training**

#### **Black Dog Institute Webinars**

Navigating your Teen's Mental Health Thursday 24 March - 7pm Register Now

#### **Mental Fitness**

Wednesday 30 March- 9am Register Now

#### **Mindframe Free Webinars**

Mindframe - Guidelines for communicating about suicide. 10-11am. Free.

suicide. 10-11am. Free. 6 April 2022

6 April 2022 4 May 2022 1 June 2022 29 June 2022 Mindframe - Guidelines for communicating about mental ill-health. 10-11am. Free.

20 April 2022 18 May 2022 15 June 2022

## Comorbidity Guidelines Training

The Matilda Centre for Research in Mental Health & Substance Use has developed this online training program to assist alcohol and AOD workers:

- Increase knowledge and awareness of mental health conditions
- Improve confidence in working with clients with comorbid mental health conditions
- Improve ability to identify mental health conditions
- Improve ability to recognise and respond to physical health comorbidities
- Provide practical information on the delivery of a coordinated care approach to clients with comorbid mental health conditions
- Provide practical information on the management and treatment of comorbid mental health conditions
- Improve ability to manage self-care.

The training program consists of 11 modules that can be completed in any order. Participants can choose which modules to engage in based on interest and experience. At the end of each module, participants will be presented with a quiz. All questions must be answered correctly before the module is completed, but there is no limit to how many times the quiz can be taken. Incorrect answers will refer participants to relevant sections of the guidelines website. Once all modules and quizzes have been successfully completed, a completion certificate will be available to download.

Although the training program is developed primarily for AOD workers, the program is free for anyone to register and complete. However, it is assumed that participants will have an understanding of AOD use.

For more information or to register: <a href="https://comorbidityguidelines.org.au/training-modules">https://comorbidityguidelines.org.au/training-modules</a>







## documents & resources



### **Blueprint for Mentally Healthy Workplaces**

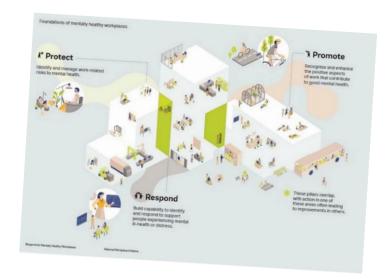
In September 2021, the National Mental Health Commission released the first iteration of the Blueprint for Mentally Healthy Workplaces for review. It aims to define a vision of mentally healthy workplaces that can be shared by all organisations and businesses across Australia. It also defines the core principles and focus areas for creating environments that protect, respond, and promote to support mental health.

There is no simple solution to creating mentally healthy work. Instead, it hinges on commitment and action to strengthen three key pillars across any organisation:

- 1. Protect: Identify and manage workplace-related risks to mental health.
- 2. Respond: Build capability to identify and respond to support people experiencing mental ill-health or distress.
- 3. Promote: Recognise and enhance the positive aspects of work that contribute to good mental health.

These pillars intersect - action in one area can often lead to improvements in others.

<u>Click here</u> for more information, or **click here** to download a copy of the Blueprint.

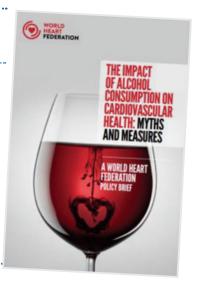


## Myths and measures of alcohol consumption on cardiovascular health

Alcohol is linked to around 230 International Classification of Diseases (ICD), 40 of which would not occur without alcohol according to World Alcohol Federation's recent report. Alcohol can increase the risk for hypertensive heart disease, cardiomyopathy, atrial fibrillation and flutter, and strokes. For moderate drinkers, the risk of stroke is 1.14 times greater, coronary disease is 1.06, heart failure is 1.09,

fatal hypertensive disease is 1.24 and fatal aortic aneurysm is 1.15 times greater.

<u>Click here</u> to access the full report.



### Social and economic costs of substance use

A series of reports estimating the overall costs to Australia from the use of specific licit and illicit drugs has been published by the National Drug Research Institute (NDRI). Methods have been tailored to use the most recent and comprehensive data source for each substance. Funded by the Australian Government Department

of Health, each research report was coordinated by NDRI with the collaboration of key experts from around Australia. Drugs covered in the reports include alcohol, cannabis, pharmaceutical and illicit opioids, tobacco, and methamphetamines.

Click here for more information and reports.





## documents & resources contd...

## WA Drug Trends 2021 - Illicit Drug Reporting System (IDRS)

IDRS is an ongoing illicit drug monitoring system that has been conducted in all states and territories of Australia since 2000. A suite of products was released in 2021 utilising the most up-to-date findings from interviews conducted annually from 2000-21 with a cross sentinel group of people who regularly inject drugs recruited from Perth, WA. This includes:

Report overviewing key findings in 2021 Infographic summarising key findings in 2021 Supplementary data tables with detailed findings underlying the tables and figures within the report Click here to access the report. Click here to access the infographic.



## WA Drug Trends 2021 - Ecstasy and Related Drugs Reporting System (EDRS)

EDRS is an illicit drug monitoring system which has been conducted in all states and territories of Australia since 2003. A suite of products is available with the most upto-date findings from interviews conducted annually from 2003-21 with a cross-sectional sentinel group of people who regularly use ecstasy and other illicit stimulants recruited from Perth, WA. This includes:

- 1. A report overviewing the key findings in 2021
- 2. An infographic summarising key findings in 2021
- Supplementary data tables with detailed findings underlying the tables and figures within the report

Click here to access the report. Click here to access the infographic.



## Safe and Together Addressing Complexity focusing on children (STACY)

This project explored the co-occurrence of domestic and family violence (DFV) when parents have challenges relating to mental health and substance use. The project resulted in the development of a helpful practice guide for practitioners alongside insightful research reports. The project found evidence that a coordinated approach is needed to address these complex intersecting issues and to enable practitioners to work with each individual member of the family.

The study found that when the Safe & Together Model™ is implemented holistically, with strong collaborative practice across agencies, it leads to better outcomes

for children and families affected by DFV and parental alcohol and other drug use, and/or mental health challenges. Click on the following links for more information:

- Research Report
- Research Summary
- Final Report
- Practice Guide



us on:









## documents & resources



## Impact of COVID-19 on Australians who use illicit drugs



The Australians' Drug Use: Adapting to Pandemic Threats (ADAPT) Study is exploring the short and long-term impact of COVID-19 on the experiences of Australians who use illicit drugs. Findings will be used to ensure drug-related issues during COVID-19 are better understood and more accurately represented, to better inform drug treatment and harm reduction in Australia.

Australians who used illicit drugs regularly (at least once a month) in 2019 were invited to complete an online survey initially and follow-up surveys in 2 months, 4 months and 12 months. Participants could opt to complete the Wave 1 survey only.

This bulletin outlines preliminary findings from 197 participants who completed ALL surveys from Waves 1-4, describing changes in drug use and behaviours, health ratings and drug/mental health treatment access and engagement pre- and post-COVID-19 restrictions (since March 2020). Key findings include:

 Similar to previous waves, participants who completed the Wave 4 survey were mostly young, well-educated capital city dwellers. Being a convenience sample, these findings cannot be considered representative of all people that use drugs.

- In contrast to previous waves, e-cigarettes (43%) had the largest proportion of participants reporting that their use had increased in the last four weeks relative to before COVID-19 restrictions, overtaking cannabis (33%) and alcohol (28%) for the first time.
- However, there was considerable diversity in changes in consumption across individuals and drug types, highlighting the heterogeneity of experiences among people who use drugs.
- Perceived availability was reported as 'easy'/'very easy' for most drugs, however, the perceived difficulty in obtaining MDMA increased at Waves 3-4. There was an increase at Wave 2 in the percentage of participants who reported that meth/amphetamine was 'very difficult' to obtain, however this subsequently declined in Waves 3 and 4.
- At Wave 4, the percentage of participants reporting that they had received drugs in person almost returned to levels observed pre-COVID-19 restrictions, reflecting a steady increase across Waves 1-4. The percentage reporting not obtaining illicit drugs in the past month also continued to increase across waves (19% at Wave 4).
- Wave 4 saw a continued increase in perceived 'better' mental health ratings (44%), while ratings of perceived 'better' physical health have remained relatively consistent across waves.

<u>Click here</u> for more information and access to the full bulletin.

#### **New COVID-19 Resources**



ReachOut has released new resources for young people and their parents to manage their wellbeing during the uncertainties of COVID-19. Click on the following links for more information:

6 ways to adjust to living with COVID-19 in the community

Tips to get you through COVID-19 if you catch it.

Quiz: Checking in with yourself

10 ways to take care of yourself during COVID-19.





## documents & resources contd...

## Resources to engage effectively with people with lived experience of suicide

Roses in the Ocean has launched a suite of resources related to 'Lived Experience of Suicide Informed and Inclusive Culture Change'. This is a culmination of ten years of developing best practice in lived experience of suicide engagement, development and integration.

The resources are designed to guide service providers, organisations and government to engage, integrate and partner with people with lived experience of suicide. The objective is to embrace a whole of community, whole of government lived experience informed approach to suicide prevention.

It is essential that the unique features of someone's lived experience of suicide are recognised to meaningfully harness their insights and wisdom in efforts to improve suicide prevention. The need for the distinct voices and expertise of people with lived experience of suicide to be included in suicide prevention activity has been formally recognised. Several key national reports highlight the need for a Whole of Australian Government (WOAG) approach to suicide that is informed by, integrated with, and implemented through the critical voices of people with lived experiences of suicide.

Click on the links to download the resources:

1. Lived Experience of Suicide Engagement Principles (LESEP)



- 2. LESEP Framework
- 3. LESEP Implementation Toolkit
- 4. LESEP Decision and Evaluation Tools
- 5. Building a Lived Experience Informed and Inclusive Culture: Practical guide for organisations
- 6. Lived Experience of Suicide Language and Imagery Guide
- 7. Co-designing with people with lived experience of suicide: Planning Guide
- 8. Co-designing Safe Spaces: Planning Guide (coming soon)

Click here for more information.

## grants

## **Drug Aware YCulture Grants**

Are you aged 12-26 years, living in regional WA, and looking to develop creative skills and gain experience by running an arts project in your community? Drug Aware YCulture funds projects run by young people, for young people. This fund will provide opportunity and support for you to deliver an arts project under the auspice of a local organisation. You can apply for grants of:

- Up to \$4,000 if you live in regional WA
- Up to \$6,000 if you live in remote WA, or above the 26<sup>th</sup> parallel

Projects should be inclusive and open for all young

people aged 12-26 to participate in and must include an opportunity to showcase any work created or skills developed to the wider community. Projects can include arts workshops, masterclasses, community events, or productions in any art form.

Applications must be submitted by 30 November 2022 and must be received up to three weeks before your project starts. Applications for Youth Week WA projects (8-16 April) must be submitted by 4 March 2022.

Click here for project examples and to see whether you are eligible to apply.







## events / awareness dates



DATE	EVENT
Febfast	February
#OK2SAYNO Day	22nd February 2022
International Family Drug Support Day	24th February 2022
International Women's Day	8th March 2022
National Day of Women Living with HIV	9th March 2022
Harmony Week	15th - 21st March 2022
National Close the Gap Day	18th March 2022
National Day of Action Against Bullying and Violence	18th March 2022
International Day of Happiness	20th March 2022
National Drug & Alcohol Facts Week	21st - 27th March 2022
Neighbour Day	27th March 2022
World Bipolar Day	30th March 2022
World Health Day	7th April 2022
WA Youth Week	8th - 16th April 2022
World Day for Safety & Health at Work	28th April 2022
Pay it Forward Day	28th April 2022
Rail R U OK? Day	28th April 2022
International Day Against Homophobia, Biphobia and Transphobia	17th May 2022
Australia's Biggest Morning Tea	19th May 2022
Schizophrenia Awareness Week	22nd - 28th May 2022
National Sorry Day	26th May 2022
National Reconciliation Week	27th May - 3rd June 2022
Wear White to Work Day	29th May 2022

DATE	EVENT
Reconciliation Day	30th May 2022
World No Tobacco Day	31st May 2022
Pride Month	June
Men's Health Week	13th June - 19th June 2022
World Drug Day	26th June 2022
Dry July	July
NAIDOC Week	3rd - 10th July 2022
World Hepatitis Day	28th July 2022
International Youth Day	12th August 2022
Daffodil Day	23rd August 2022
Wear It Purple Day	30th August 2022
Women's Health Week	5th - 11th September 2022
R U OK? Day	8th September 2022
International FASD Awareness Day	9th September 2022
World Suicide Prevention Day	10th September 2022
Borderline Personality Disorder Awareness Week	1st - 7th October 2022
World Smile Day	7th October 2022
World Mental Health Day	10th October 2022
WA Mental Health Week	10th - 17th October 2022
National Carers Week	10th -17th October 2022
Movember	November
International Men's Day	19th November 2022
International Day of Persons with Disabilities	3rd December 2022
Human Rights Day	10th December 2022



#### notice board **Healthy Heads in Trucks** and Sheds App This free app aims to improve access to mental health and physical wellbeing support for **Disability Gateway** workers. It includes features such as self-check-The Australian Government's Disability Gateway in quiz, access to resources, tools to help better is a free, nation-wide service that helps people manage day-to-day life, stretching exercises, living with disability, their families and carers find trusted information and and services. The phone and access to urgent support services. The app can be downloaded from Apple App Store line provides free, fact-checked information and can transfer people directly to other support services if and Google Playstore needed. Call 1800 643 787 Monday to Friday, 8am-8pm AEDT. www.disabilitygateway.gov.au Farming Age Message Guide Supporting, educating an The Southern Melbourne Primary Care Partnership inspiring sports clubs engaged Common Cause Australia to develop a Good Sports supports, educates and inspires over 10,000 Framing Age Message Guide. It will help everyone to clubs across the country to set-up a better environment for better understand how to communicate about age, players, volunteers, supporters and officials. Membership is ageing and issues affecting older people in a way that free for all Australian community sporting clubs. Join now reduces ageist attitudes, stereotypes, and behaviours. and you could win \$300 cash for your club. Click here for **Click here** to download. more details. New mental health telephone support **Community Toolkit Evaluation** Survey This new confidential support line provides support Researchers from the University of Sydney line in WA are conducting a community-wide evaluation for people experiencing mental health and/or alcohol and other drug use issues, and their loved of the Cracks in the Ice Community Toolkit and they want to hear from you. If you, your ones. It offers one-to-one contact with qualified counsellors from 7 am to 10pm every day. Call 1800 family or community has been affected by here4u (1800 437 348) for assistance. Click here for crystal methamphetamine, or if you're a health professional in this space, make your voice heard. **Click here** to access the survey. more information.













Do you know the max number of standard drinks recommended in a week?

Take the quiz and find out!

If you think you've got what it takes to take the guesswork out of drinking, scan the QR code and challenge yourself to the online quiz!





Answer: 10 or less standard drinks per week with no more than 4 in one day.









# YIRRA KOORL looking forward

## support services

**Emergency: 000** 

Rural Link: 1800 552 002 (24 hours)

Grief, Loss & Separation Free Counselling - 9261 4444

Mental Health Emergency Response Line: 1300 555 788 www.mentalhealth.wa.gov.au

QLife: 1800 184 527

Suicide Call Back Line: 1300 659 467 www.suicidecallbackservice.org.au

LifeLine: 13 11 14 (24 hours) www.lifelinewa.org.au Text Service: 0477 13 11 14 Grief, Loss & Separation Free Counselling - 9261 4444

**Lifeline Text Service:** 

Text Service: 0477 13 11 14 Free Counselling - 9261 4444 (grief, loss and separation)

**Beyond Blue:** 1300 224 636

Kids Helpline: 1800 551 800

Headspace (9am - 1am EST):

1800 650 890

**Merredin:** 

Samaritans Crisis Line: 135 247

The Salvation Army: 1300 363 622

Reachout: www.reachout.com

Crisis Care (Child Protection & Family Support): 1800 199 008

Mensline: 1300 789 978 (24 hours)

www.mensline.org.au

Grief Line (midday - 3am EST):

1300 845 745

**Alcohol & Drug Support Line:** 

1800 198 024

**National Alcohol and** 

Other Drug Hotline: 1800 250 015

**PANDA** 

(Perinatal Anxiety & Depression Australia National Helpline:

1300 726 306

Mon-Fri - 9.00am - 7.30pm (AEST)

**SANE Helpline:** 1800 18 SANE (7263)

Elder Abuse Helpline WA:

1300 724 679

Parent & Family Drug Support Line:

1800 653 203

Narrogin & Upper Great Southern

Domestic Violence Helpline:

1800 007 570

1800 447 172

Wheatbelt Domestic Violence

**Helpline:** 1800 353 122

**AOD Support Line: 1800 198 024** 

Women's Domestic Violence

**Helpline:** 1800 007 339

Men's Domestic Violence Helpline:

1800 000 599

Kids Helpline: 1800 551 800

1800 RESPECT: 1800 737 732

Elder Abuse Helpline WA:

1300 724 679

Suicide Bereavement Service:

0474 076 849

Sexual Assault Referral Centre:

1800 199 888

**HealthDirect:** 1800 022 222

**WACHS Wheatbelt Mental Health** 

Service: 9621 0999

**Butterfly Foundation: 1800 334 673** 

(Eating Disorders & Body Image)

1800RESPECT: 1800 737 732

Gambling Help: 1800 858 858

Here for You Helpline: 1800 437 348

## subscription, queries and submission information



 Northam:
 9621 1055
 Victoria Park:
 9416 4444

 Narrogin:
 9881 1999
 Midland:
 9274 7055

## YIRRA KOORL SUBSCRIPTION

If you would like free issues of our newsletter for yourself and anyone else please

click here

and send us names and contact details.





9081 3396

Freecall: