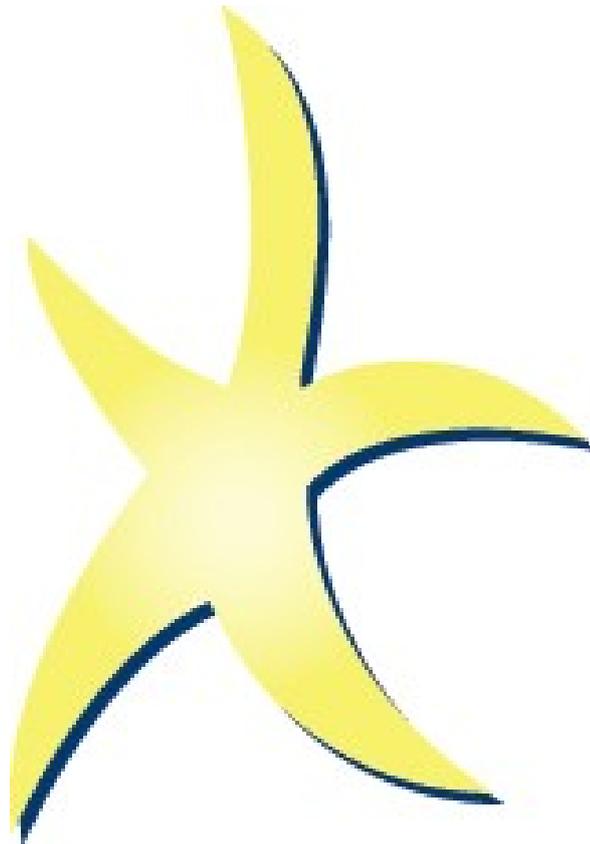


Understanding Schizophrenia



A Handbook for People Diagnosed with Schizophrenia

**This booklet is a collaboration between the
Queensland Centre for Mental Health Learning and
the Mental Health Clinical Collaborative.**

Information in this handbook was obtained from international research and papers and the various brochures and booklets compiled by the different mental health services and hospitals throughout Queensland.

**Pictures and images were downloaded from photo.com and
www.uq.edu.au/news/images/media**

All program materials have been designed in collaboration between the Queensland Centre for Mental Health Learning (QCMHL) and the Mental Health Clinical Collaborative. If you have any feedback or enquiries about this material please contact QCMHL on 3271 8622 or email gcmhl@health.qld.gov.au or <http://www.health.qld.gov.au/qcmhl> © Copyright State of Queensland (Queensland Health) July 2007.

Front Cover: The star symbol is drawn from the Queensland Health Document: *Sharing Responsibility for Recovery*. The symbol was designed to reinforce the five common elements identified as necessary in supporting each individual during their recovery journey. Details of these recovery elements are included in this handbook.

Foreword by Dr Aaron Groves

The handbook has been developed in consultation with consumers, service providers and carers through a partnership with the Mental Health Clinical Collaborative and the Queensland Centre for Mental Health Learning.

The intention in compiling this resource was to provide an educational and personalised document for consumers and clinicians in adult inpatient mental health settings. It takes a recovery approach and contains a range of resource materials, good practice approaches, and worksheets that can be adapted to meet the individual needs of consumers.

This handbook has been designed for consumers to use independently or in collaboration with a health care professional to promote a shared understanding of the consumer's experience. The modular approach of the booklet is designed to allow the individual to move through the information at a pace suited to their own needs as well as provide a resource that extends beyond the inpatient facility.

I believe that this handbook is a valuable resource.

Aaron Groves
Director of Mental Health
Mental Health Branch
Queensland Health

Preface

This handbook was prepared for use in an inpatient setting with adults. It is designed so that consumers can use it individually, but it would be most beneficial if completed together with mental health clinicians prior to discharge and most probably, in an ongoing way after discharge in the community. It is recommended that if consumers have any questions when reading this handbook, that doctors or other members of the treating team are consulted for assistance.

Please note that throughout this handbook, worksheets have been inserted for reference and to act as an example of how you might complete them. These are **examples only** and we acknowledge that every case is different and therefore worksheet completion will be very individual.

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Overview and Objectives of Handbook

One of the main factors that can help in recovery from schizophrenia is to have accurate information and education about illness and recovery. Some of the other factors that assist are support from family, friends, community groups and professionals, adequate treatment, medication, counselling and a healthy lifestyle.

Whether you find yourself in a mental health inpatient facility for the first time or after repeated admissions, the experience can be very daunting, as you are likely to be experiencing symptoms that can make you feel scared, confused or distressed.

The purpose of this handbook is to instil hope and provide some guidance on 'where to go from here'. As such, while the initial sections will provide a brief overview of the definition and cause of schizophrenia, the main focus of the workbook will be on recovery.

Worksheets are included throughout, so that you can personalise your experience and have a record to help you communicate with your treatment team and other people important to your recovery. By the end of this workbook, you should have a basic understanding of what schizophrenia is, how **you** experience schizophrenia and your plan for recovery.

Module One - Some Basic Information

Part A - What is Schizophrenia?

What is schizophrenia?

Schizophrenia is an illness that affects the brain and leads to difficulties with thoughts, feelings and behaviours.

Schizophrenia affects approximately one out of every 100 people.

For 75% of people diagnosed with Schizophrenia it starts in adolescence or early adulthood.



Facts and Myths about Schizophrenia:

- Schizophrenia is not caused by bad parenting, childhood trauma, poverty or alcohol
- Schizophrenia is not contagious
- Although people with schizophrenia sometimes hear “voices” that others can’t hear, this illness **does not** mean that you have “split” or “multiple” personalities
- Schizophrenia is not a person’s fault; it is a chemical brain disorder caused by a combination of biological and genetic factors, and often triggered by environmental stressors
- Schizophrenia is not a developmental disability or intellectual disability
- Those with a diagnosis of schizophrenia who are undergoing treatment are not more violent or aggressive than those who do not have schizophrenia.

Schizophrenia can affect anyone regardless of gender, ethnicity, culture, sexuality, class, intelligence or level of education.

Schizophrenia symptoms may develop very quickly over several weeks or may develop slowly over a few months or years.

Some people might have only one period where they experience symptoms and never experience them again.

For others, Schizophrenia symptoms can come and go over a longer period.

The good news is that there are many things that you can do to help maintain a meaningful and positive life and minimise the chance and/or impact of a relapse.

This booklet will provide a focus on recovery with more information and worksheets for you to develop a personal recovery plan.



Other mental and physical illnesses that can occur at the same time as Schizophrenia

The more common **mental health** issues that can occur at the same time are substance abuse, depression and obsessive-compulsive behaviour.

Substance abuse can be present before a diagnosis, or some individuals start to use substances in an attempt to control or decrease symptoms. However, **substance abuse has been found to have an overall negative effect on recovery.**

A range of **physical health** complaints have also been associated with schizophrenia, such as cardiovascular problems (heart issues), pulmonary problems (e.g., asthma), neurological problems, endocrine problems (glands and/or hormonal problems) and metabolic problems (such as obesity). There is little agreement in research as to how common these conditions are. However, given their potential seriousness, it is important to always maintain a focus on **living a healthy lifestyle and consult your GP about your general health and wellbeing.**

Module One - Some Basic Information

Part B - What Causes Schizophrenia?

There are many theories to explain the cause of schizophrenia, but the exact cause remains unknown. The main theories look at the role of genetics, biochemical factors, illicit drug use and environmental factors.



Family/Genetic Factors

There is evidence that genetics play some role in the development of schizophrenia although this role is still not clear. Statistics have shown:

- When one parent has schizophrenia their child has at least a 1 in 10 chance of developing schizophrenia.
- When both parents have schizophrenia then the risk of their children developing schizophrenia increases up to almost 40%.
- In the case of identical twins, if one twin has schizophrenia, the second twin has at least a 50% chance of also developing schizophrenia.

It is important to note that genetics are only part of the puzzle, because most people who develop schizophrenia have no relatives with the illness.

Further, just because a person has schizophrenia does not mean that they will 'pass it on' to their children.



Biochemical Factors

Certain substances in the brain may cause a chemical imbalance. For example, the neurotransmitters "dopamine" and "serotonin" have both been linked to schizophrenia.

Medications can help to correct imbalances in the chemistry of the brain.

Again however, biochemical factors are only a partial explanation as there is **not** enough evidence to show that a chemical imbalance is the **only** cause of schizophrenia.

Brain Abnormalities



Research has found that there can be differences in the structure of people's brains with particular forms of schizophrenia, such as having enlarged ventricles (Ventricles are the spaces which carry fluid through the brain). However, the relevance of brain abnormalities is still unclear as many people with schizophrenia don't have enlarged ventricles and their brain structure looks normal.

Viral Theories

Another theory is that babies whose mother had a virus in the latter stages of pregnancy are at higher risk of developing schizophrenia. There is no strong evidence to support this theory however.

Use of certain drugs

All sorts of recreational drugs can make the illness worse by increasing symptoms. Marijuana, Amphetamines ('Speed', 'Ecstasy') and Hallucinogens ('Acid', 'LSD', and 'Magic Mushrooms') are particularly likely to cause an increase in symptoms.



These drugs can also play a part in the onset of a first episode of schizophrenia.

Environment

Stressful events, although not really a cause of schizophrenia, can lead to a decline of mental health and trigger symptoms. Again, as triggers are not always identified before symptoms present, stress **alone** can not be seen as a sole cause of schizophrenia.

Module One - Some Basic Information

Part C - Symptoms of Schizophrenia

Symptoms mean “signs”, “warning signs” or indications that something is wrong.

What does this mean to you?

Schizophrenia affects different people in different ways. Not everybody will experience the same symptoms, nor are these symptoms always experienced to the same degree.

Symptoms of schizophrenia can also come and go at different times. These periods are often referred to as “relapses” or “acute episodes”. This is when people experience symptoms like hallucinations, delusions and confusing thoughts. These symptoms are called “positive symptoms” although they are not positive in terms of being wanted. “Positive symptoms” usually improve with decreased stimuli, calm interactions and antipsychotic medication.

There are other types of symptoms such as a loss of interest, loss of energy, loss of emotional warmth or loss of humour. These are called “negative symptoms”. Some of the newer medications and some non-medical strategies can help with these symptoms.

It is sometimes difficult when symptoms are being experienced, to tell what is real from what you are experiencing at that time. Below are some examples of the symptoms of schizophrenia. Often it is easier to identify your symptoms once you are more well, or others can help you with this during your recovery.

“Positive symptoms”: problems with your thinking:

- Your thoughts and therefore conversation may become jumbled, disjointed, slow or fast.
- You may feel as though your thoughts have an impact on other people or events.
- You may feel as if thoughts are being “put into” or “taken out of” your head.
- You may feel as though others know what you are thinking
- You may find your thoughts suddenly blocked.
- One particular thought may become “fixed” in your mind, and you can’t shake it off (this can be a delusional thought, but not necessarily so).



Delusions

A delusion is a fixed false belief held by a person, that remains even though there is obvious evidence to the contrary.

There are many different types of delusions. Some examples are:

- Thinking that other people want to hurt you or are out to get you.
- Thinking that you are related to someone of great importance (e.g. royalty), are a special person or religious figure (such as God).
- Thinking you have special abilities or powers.
- Thinking that the TV, radio or newspaper has a special message for you or is specifically aimed at you
- Thinking that you are being controlled by someone else
- Thinking that other people can read your mind, or that you can read other people's mind.



Hallucinations

Hallucinations are false perceptions or sensations. These can be:

- Hearing
- Seeing
- Tasting
- Smelling or
- Feelingsomething that is not really there.



The most common type of hallucinations are auditory, or hearing something that others can't hear. For many people this means hearing voices which seem to come from inside their head or from their environment.

These can seem very real, as though there is someone beside you or in the next room talking.

For most people, hallucinations are quite distressing, but in some cases they can be pleasant. They can also be very distracting and make it difficult to concentrate.

There are different types of voices. They can:

- Talk **about** you –
e.g. “He is going to the shop” or “She is nasty”
- Talk **to** you and tell you what to do
e.g. “Wear the blue shirt” or “Hurt him now”
- Be pleasant
e.g. “You’ve done well” or “You can do it”
- Be unpleasant
e.g. “You are worthless” or “He’s horrible”

“Negative Symptoms”:

- Being unmotivated, losing interest in life and general activities. This is often confused with laziness but this is not the case.
- Having a loss of enjoyment in usually pleasurable activities like eating, socialising and sexual activities.
- Having blunted feelings– this means that your emotions feel ‘flattened’.
- Wanting to be alone. This can occur as a result of depression, of feeling safer when alone or because you worry that you cannot manage in the company of others.
- Feeling depressed, helpless or hopeless – this might be part of the process of learning to come to terms with some of the difficulties of your illness, or this might be a sign of clinical depression. It is **very important** to discuss these feelings with your professional and personal supports.



A PERSONAL ACCOUNT...

“The image of me as a whole, unique and promising young person began to crumble during the winter of my seventeenth year. Even now I can vividly recall some aspects of the emotional distress I began to experience. For instance, during basketball practice it became harder and harder to catch a ball. My depth perception and coordination seemed strangely impaired and I found myself being hit in the head with passes rather than catching the ball. Objects around me also began to look very different. Countertops, chairs and tables had a threatening, ominous physiognomy. Everything was thrown into a sharp, angular and frightening geometry. The sense that things had utilitarian value escaped me. For instance, a table was no longer something to rest objects upon. Instead a table became a series of right angles pointing at me in a threatening way.

A similar shift in my perception and understanding occurred when people spoke to me. Language became hard to understand. Gradually I could not understand what people were saying at all. Instead of focusing on words, I focused on the mechanical ways that mouths moved and the way that screw drivers had taken the place of proper teeth. It became difficult to believe that people were really who they said they were. What I remember most was the extraordinary fear that kept me awake for days and the terrible conviction I was being killed and needed to defend myself.”

Excerpt from “Recovery as a self-directed process of Healing and Transformation”, by Patricia E. Deegan PhD (2001).

Further excerpts from this document are included in later sections of this workbook focused on her recovery.

CHECKLIST



<u>How many of these symptoms do you recognise in yourself?</u>	Yes	No	In Past
I lose concentration easily	•	•	•
My thoughts become jumbled, jump around or become blocked	•	•	•
My thoughts get fixed in my mind and I can't get my mind off them	•	•	•
I feel like my thoughts can have a definite impact on others (as though I can control things or 'do things' with my thoughts)	•	•	•
I feel my thoughts, feelings and actions are being controlled	•	•	•
I hear voices other people don't hear	•	•	•
I see, smell, feel, taste things other people don't	•	•	•
I hold beliefs other people don't share	•	•	•
I believe other people can read my mind, or I can read others' minds	•	•	•
I find it difficult to relate to other people and trust them	•	•	•
I find it difficult to make decisions and get myself moving to do anything	•	•	•

Sometimes you might have more difficulty recognising these symptoms yourself, particularly if you are experiencing them with a great intensity. Once you begin to feel better, this can become easier, and sometimes you can also get others you trust to help you to complete this checklist.

You do not need to have all of the symptoms to have a diagnosis of schizophrenia. It is important to know that **for a diagnosis of schizophrenia to be made, medical confirmation is required.**

It is important to identify how **you** experience your illness, as it is different for everyone. Once you recognise **your** symptoms, you can use this knowledge to tailor some strategies to help you cope with each symptom. A worksheet for this is included in the next section on recovery.

THERE IS HOPE

“Everyone with schizophrenia needs to know **there is hope**. This is what helped me:

- Find an understanding, kind doctor who knows a lot about schizophrenia and the latest treatments
- Take advantage of local mental health services – sometimes they can help you get a case manager, a social worker, housing and even employment
- Stop drinking alcohol and using drugs that aren’t prescribed – they interfere with medication and make recovery almost impossible
- Learn as much as you can about the nature of the illness, and then study your symptoms to figure out warning signs and ways to avoid bad episodes”

Written by film maker John Cadigan, who lives with the illness of schizophrenia – for more information, see John’s website www.peoplesayimcrazy.org



Module Two – Recovery

Part A - What Helps and Hinders?

Recovery

What does recovery mean?

For some people, recovery means returning to the way they were before they became unwell. For others, recovery can be having independence, a home, friends, work and a positive place in the community, with or without symptoms. For others still, it can be a transformational process in which you let go of your old self and allow a new sense of self to emerge.



What helps recovery?

A range of factors have been shown to facilitate recovery, such as:

- Being informed and having knowledge of your illness and its treatment
- Working in collaboration with your local mental health service
- Having a regular GP
- Feeling comfortable in talking to your GP and other mental health professionals about your recovery
- Following a prescribed medication regime
- Learning and practicing coping strategies
- Having plans, goals and a sense of direction
- Keeping in contact with social supports and having pleasant events scheduled into your life
- Knowing your choices and exercising your rights to make your own choices
- Knowing your early warning signs, triggers and coping strategies for these
- Having an action plan in case of crisis
- Maintaining a healthy lifestyle, including managing any medical conditions, eating a healthy, balanced diet, maintaining an exercise regime, getting regular check-ups
- Monitoring your progress with “Outcomes” measures (there is more information on “Outcomes” measures included in this workbook).

What can hinder recovery?

A number of factors can hinder recovery. Some of these are associated with:

- **Not taking medication** – This can be a problem for many individuals, as often when you are well, it can feel like you don't need your medication and there will be a temptation to stop taking it. This temptation can be greater if your medication gives you side effects that bother you. The problem is that once the medication is stopped, you can be at **greater** risk of **relapse**. 
- **Illicit Drug Use** – There is clear evidence that using illicit substances and alcohol (beyond safe drinking guidelines) can have a detrimental impact on recovery, and that using illicit drugs can also trigger a relapse of schizophrenia. If you have a history of drug or alcohol abuse, it is important to seek help to reduce your use, with the view to being abstinent, as this will greatly **enhance** your ability to sustain your **recovery**.
- **Access to resources** – sometimes it can feel difficult to find help and resources. Having a regular GP and knowing your local mental health services and resources can alleviate these difficulties. 
- **Other factors** are more related to society, such as people misunderstanding the illness and having prejudice against those with a diagnosis of Schizophrenia. Learning to come to terms with the stigma of mental illness can be an important part of recovery but the distress it can cause without support can hinder recovery.

The role of Mental Health Services and the wider community is to help people with a mental illness overcome any barriers to recovery and encourage them on their path to recovery.

Queensland Health have recently completed a paper on Recovery, which uses research and evidence from a wide range of sources to find some common elements that appear to help all people in their recovery. These are:



Maintaining Hope and Optimism – To believe recovery is possible and maintain hope, this belief needs to be supported by others (friends, family, and staff). You also need to understand what you are experiencing, to be educated, and to actively participate in making choices.

Developing a Sense of Meaning, Purpose and Direction

– Often, your sense of who you are can be shaken up after your diagnosis. To help you in your recovery, you need to rediscover yourself and spend time thinking about what is important to you. This means settings goals for yourself, setting a general direction for your life and finding meaning in your day to day activities.

Having Friends (feeling included and connected)

- Remember that good friends are people who make you feel good about yourself. If you don't already have someone in your life like this, some ways to meet new people are to: join a support group; go to small events in your community; join a special interest group (like chess, scrabble, art, cooking, cards); take a course on something that interests you (that way you might find people with something in common with you) or volunteer.



Having Goals and Options (this leads to Empowerment)

– Having information on, and access to, a range of meaningful and useful choices and options helps recovery (e.g., regarding where you live, housing, finances, employment, personal living/daily routine, who you want to see socially, and how you want your illness managed).

Being Treated with Equality and Respect

– Unfortunately, individuals with a mental illness can still face stigma and discrimination. This can result in barriers to recovery through a decrease in opportunities, decreased inclusion and the negative impact on self-esteem that can occur. By service providers treating all people with respect and dignity, it will not only improve outcomes for those accessing services, but it will also role model collaborative and positive relationships and may assist in correcting discrimination in the wider community.



SOME PERSONAL INSIGHTS ON RECOVERY...

“...I developed many self-help strategies that made it possible to cope with a myriad of symptoms. For instance, I learned to use headphones and ear plugs to stop the distressing voices I heard. I learned to avoid certain types of situations and subjects that would lead me into the vortex of delusional thinking. Physical exercise, especially daily walks in the woods, remains an important self-help strategy for me. Overall, physical health, a good diet, a willingness to pace myself and to get sleep were all important strategies that I learned and refined over time...”

“...People are more than their diagnoses. People diagnosed with mental illness are resilient and are more than passive victims of disease processes. Professionals who learn to collaborate with the active, resilient, adaptive self of the client will find themselves collaborating in new and rewarding ways with people who may have been viewed as hopeless by others...”

“...Recovery is not the privilege of a few exceptional clients. We can now tell people the good news that empirical data indicate most people do recover. Since there is no way to predict who will or will not recover, we should approach each person as being able to recover if given sufficient opportunity to build skills and supports...”

Excerpt from “Recovery as a self-directed process of Healing and Transformation”, by Patricia E. Deegan PhD (2001).



To help you work toward the basic principles of recovery, a range of supports and/or activities are useful to consider and implement where they are a part of your wellness plan. These are:

Social Support

Having support from family and friends is very important in your recovery so you feel less isolated, more supported and understood. With support from people you care about and who care about you, you are likely to be better able to deal with your symptoms. However, it is your choice to have others involved in your care. This is your right as an adult and should be respected.



As noted previously, the people most likely to help in your recovery are those that make you feel good about yourself. If you don't already have people like this, some ways to meet new people are to: join a support group; go to small events in your community; join a special interest group (like chess, scrabble, art, cooking, cards); take a course on something that interests you (that way you might find people with something in common with you) or volunteer.

Some organisations that can be a good source of social support are listed below. It is important to speak with your local mental health service about the organisations that are available in your area, or to help you access the resources provided electronically via websites.

Schizophrenia Fellowship

The Schizophrenia Fellowship is involved in raising public awareness about schizophrenia and also provides information about the illness (they have a resource library). A social club is provided, in addition to carer's training.

Street Address: 95 Arthur Street
FORTITUDE VALLEY QLD 4006
Phone Number: (07) 3358 4424
Website: www.sfq.org.au



GROW

GROW offers support groups for people who want to pursue personal growth and mental health through a 12-step recovery focused program.

Address: 1014 Logan Road
HOLLAND PARK QLD 4121
Phone Number: (07) 3394 4344
Website: <http://www.grow.net.au>

SANE Australia

SANE Australia produces a range of easy-to-read publications and multimedia resources on mental illness. They are based in Victoria.



Address: PO Box 226
South Melbourne VIC 3205
Phone Number: (03) 9682 5933 or 1800 187 263
Web: <http://www.sane.org>

Mental Health Association (Qld) – Friendship House

MHAQ has field workers who develop support groups for people with mental illness. It is also an information and referral centre, and works to raise community awareness and understanding of mental illness (they have a resource library). MHAQ also provide a telephone service that provides information on local and state-wide mental health issues and support groups.

Address: Fleming House
Orford Drive
WACOL QLD 4076
Phone Number: (07) 3271 5544 or 1300 729 688
Email: association@mentalhealth.org.au
Web: <http://www.mentalhealth.org.au>

ARAFMI (Association of the Relatives and Friends of the Mentally Ill) – Central Office

ARAFMI offers locally-based support groups for family members of people with a mental illness. This group aims to promote a better understanding of needs and issues encountered by family members. ARAFMI also offers a 24 hour support line, workshops, respite and a carer connect program.

Address: 884 Brunswick Street
NEW FARM QLD 4005
Phone Number: (07) 3254 1881
Freecall 24 hour Crisis Support Line: (for carers outside the greater Brisbane area).
1800 351 881
Web: <http://www.arafmi.org.au>



Professional Support

Supportive counselling and regular contact with health professionals such as your GP, psychiatrist, psychologist or mental health staff can also help you deal with emotions you may experience.

For a number of reasons, you might feel that a phone counselling service could also be a useful support (e.g., after hours, if you can't contact your usual supports or if you just want to speak to someone outside your usual support network). At these times, you could contact:

Salvation Army – Careline – 24 hr counselling: (07) 3831 9016

Lifeline – 24 hr counselling: 13 11 14

Website: <http://www.lifelinebrisbane.com.au>



Lifeline also has a number of centres throughout Queensland in which you can receive face to face support. To find out your closest location, call Lifeline's Information Service on 1300 131 114. This service provides mental health and self-help resources and is available Monday-Friday from 9am-5pm.

Vocational and Social Rehabilitation

Rehabilitation focuses on social and occupational skills which may be absent or underdeveloped due to your illness.

Depending on your needs, rehabilitation can be undertaken in a group or individually. It is about trying to address different areas of your life such as employment and recreation, not just the management of symptoms.

There are numerous organisations that can assist in vocational and social rehabilitation for people living with a mental illness. "Clubhouses" are just some of these organisations.

Clubhouses

Clubhouses are community based rehabilitation programs for people experiencing mental health issues. Members of the clubhouse support each other as they work side-by-side to rebuild their confidence, stamina, and concentration, social and vocational skills. A drop in approach is offered where you can get a coffee and have a chat with others. There are five Clubhouses in Queensland, located in Bundaberg (Phone: 4154 2300), Beenleigh (Phone: 3807 0951), Ipswich (Phone: 3812 9771), Toowoomba (Phone: 4632 4688) and Coorparoo (Phone: 3847 1058). Please phone to find the address of your closest club if you are interested in attending.

If you are not close to any of these centres, it is best to speak with your local mental health service so that they can assist you or refer you to someone for assistance with your vocational and social rehabilitation if this is one of your goals.

Self-help Groups

Self-help groups are there for support and information. They may be beneficial because they provide support, information and resources, most often from people facing similar challenges as you.

Supports for other lifestyle needs:

Richmond Fellowship (Central Office)

Richmond Fellowship provide support and sharing communities for people with a mental illness.

Address: Suite 1/6 Qualtrough St
Woolloongabba, Qld, 4102
Phone Number: (07) 3392 2911

Department of Housing Queensland

The Department of Housing provide private and public rent assistance and occupational therapy information. They cater for people with a disability and mental health problems. Bond loans and rental grants are offered. Rental subsidy is available for disabled and people with special needs. Mortgage relief loans can also be provided if criteria are met.



Phone Number: 1300 654 322
After Hours: 1800 808 107
Website: www.housing.qld.gov.au

Alcohol and Drug Information Service (ADIS)

Information and counselling line regarding alcohol and drug use.

24 hr Phone: (07) 3837 5989 or STD toll free: 1800 177 833

Supports for culturally specific needs:

Queensland Trans-Cultural Mental Health Centre (QTMHC)

Address: 175 Melbourne Street
SOUTH BRISBANE QLD 4101
Phone Number: (07) 3240 2833 or 1800 188 189 (outside metro Brisbane)

For language interpretation

Phone Number: 131450



Request an interpreter, then ask to be connected to the QTMHC on phone number (07) 32402833

The Healing Centre Aboriginal and Torres Strait Islander Community Health Service

Address: 60 Ferry Road
WEST END QLD 4101
Phone Number: (07) 3393 0055

Additional useful resources for a range of needs

On the internet there are now many mental health resources that people can access. Below is a list of some useful resources.



- www.mentalhealth.gov.au

Mental health and wellbeing is the website of the Mental Health Association of Queensland.

- www.amhcn.com.au

Australian Mental Health Consumer Network is a nationwide network that promotes access, equity and participation for consumers of mental health services. This website provides information on current events and opportunities for consumer activity.

- www.healthinsite.gov.au

Health Insite is a service of the Commonwealth Department of Health and Ageing aimed at improving the health of Australians by providing easy access to quality health information, including links to information and articles on a range of mental health topics.

- www.infoxchange.net.au

This website contains links to many useful websites and services relevant to mental health and psychiatric disability.

- www.qldalliance.org.au

MindIT is an online partnership of the Queensland Alliance and Mental Health Association that provides information about mental health and psychiatric disability services in Queensland, policy and legislation as well as current events and discussion groups.

- www.health.qld.gov.au

The Queensland Health website provides fact sheets on mental health topics and links to information on Queensland Health Services, legislation and policy.

- www.sane.org

SANE Australia is an independent national organisation committed to improving the wellbeing of Australians seriously affected by mental illness. Available from the website are fact sheets on mental health topics. For 24 hour telephone information and support phone 1800 688 382.

- <http://www.health.qld.gov.au/mhcarer>

The carer's website provides information on mental illness and wellbeing in addition to resources that might be of assistance. Support group information, carer stories, advice on getting financial support and other information is also offered.

Other ways to help myself – Tips on Getting into a Healthy Lifestyle...

- Follow a sensible diet (Balanced with a good mixture of protein {meat, beans, nuts, eggs}, fruit and vegetables, grains and cereals, dairy products and only a little fat, oil and processed sugars). Also try to avoid excess salt in your diet.
- Drink 6-8 glasses of water a day (1.5-2L)
- Participate in regular exercise.
- Avoid all illicit drugs as they may have a strong negative impact on recovery.
- Avoid smoking tobacco, as it acts on the liver and may mean higher doses of medication would be required.
- Only use alcohol and caffeine within recommended limits (talk to your doctor about recommended limits).
- Develop good sleeping habits (talk to your health care professionals about good 'sleep hygiene').
- Learn and use stress management techniques.
- Have regular physical check-ups with your GP or at a Community Health Centre (e.g., blood pressure, weight, blood sugar and if you are a woman, regular pap smears and breast examinations).
- Try and have a good balance of work and leisure
- If you have a physical illness like asthma or diabetes, try to do the things you need to do to keep physically well

