

Women's Health Tasmania

NEWSLETTER



AUTUMN

2017

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Poker Machines

Why they are a threat, and what you can do about it

by Dr Kate Burton,
Social Action and Research Centre, Anglicare Tasmania

If you read your local newspaper or listen to the news in Tasmania, you might have noticed a fair bit of attention on poker machines in the last few months. There are three reasons for this. Firstly, the Tasmanian Parliament is holding an inquiry into the future of gaming markets in the state. By 'gaming markets', they mean mostly poker machines, as these are by far the most prevalent - and controversial - form of gambling in the state. The timing of the inquiry is related to the fact the current monopoly licence - held by Federal Group - to own and operate poker machines is up for renewal, so the inquiry is interested in soliciting community and industry views about whether the licence is extended or opened up to other owner/operators.

The second reason for the media interest in poker machines is local historian and author, James Boyce, who just released a book about the history of the granting of that licence. According to the book's publisher, *Losing Streak: how Tasmania was gamed by the gambling industry* shows how giving one company the licence to all the poker machines in the most disadvantaged state in the country has led to several hundred million dollars of profits (mainly from people who are being harmed by poker machines) being diverted from public use, through a series of questionable deals. The book was endorsed - at a well-attended public events - by Independent Denison MP Andrew Willkie and the Reverend Tim Costello, both well-known anti-pokies campaigners.

Finally, media coverage of the issue has been heightened by the work of a growing coalition of over 40 community groups and organisations, Community Voice on Pokies Reform.



L-R: Robin Black, Relationships Australia, Jonathan who gave evidence about a family member harmed by poker machines and Meg Webb, SARC.

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COMMUNITY VOICE ON POKIES REFORM

The coalition, of which Women's Health Tasmania is a member, is campaigning to have poker machines removed from pubs and clubs and located only in the State's two casinos, with appropriate consumer protections. In arguing for this, the coalition has drawn on a wealth of publicly-available evidence, both on the harms caused by poker machines and on mechanisms effective in reducing those harms. The coalition believes, with the licence due for renewal and a state election looming, now is an historic opportunity to make changes to the gambling environment in Tasmania that are good public policy; designed with the interests of the community in mind, rather than the interests of the individuals and businesses who profit from the harms the machines cause.

Those harms are well-documented and include:

- Tasmanians lose approximately \$200 million a year betting on poker machines, of which about half is lost to machines in local pubs and clubs;
- About 2,500 Tasmanians have a serious problem with gambling on poker machines, and account for approximately a third of annual poker machine losses. We believe this number to be an underestimate, given the significant stigma associated with disclosing an addiction to poker machine gambling;
- For each person who is harmed by gambling, there are likely 5-10 other people in their lives affected. Poker machine addiction damages the health of those affected particularly through stress; it causes family breakdown, financial stress, poverty, job loss and homelessness; and
- The ripple effect of poker machine harm is such that one in three Tasmanians identifies as personally knowing someone experiencing serious problems with poker machine gambling.

This interactive map lets you see the money lost on pokies in your local area: http://pokermachinescauseharm.org.au/in_your_area/

For those who argue the Tasmanian government needs the money collected from pokies, it needs to be made clear this is a myth. The Tasmanian Government has itself said it is not reliant on poker machine revenue. Tax collected from poker machines located outside of the casinos is around just \$30 million a year – less than 1%

of state revenue. Of the more than 30,000 small businesses in Tasmania, fewer than 100 have poker machines installed. Removing them won't send the state broke, though it is true that those whose business models rely on pedalling misery will have to change their business model. It is worth recalling Tasmania banned smoking in pubs and clubs, and fears the state's pub scene would collapse as a result proved unfounded.

Women's Health Tasmania made a submission to the parliamentary inquiry which you can read here: <http://www.parliament.tas.gov.au/ctee/Joint/Submissions/JSC%20FGM/JSC%20FGM%20139%20Women's%20Health%20Tasmania.pdf>. In late February, WHT appeared before the inquiry and talked in more detail about those harms, explaining to the committee that - because WHT's purpose is to advance women's health and wellbeing, and we know problem gambling is associated with poor health outcomes - we must encourage the government to limit opportunities to gamble.

With a state election on the horizon, this is the time to let the government know we expect it to act in the best interests of the community. **We encourage you to add your voice to this call by signing an open letter to the Premier** – help us get to 5,000 by the time of the election! <https://sarc.good.do/getthepokiesoutoftasmaniaspubsandclubs/letter/>

If you'd like to read more detail about the parliamentary hearings, the Social Action and Research Centre (SARC) at Anglicare Tasmania summarised the main arguments presented here <https://medium.com/social-action-and-research-centre/parliamentary-hearings-into-gaming-markets-eadcf0a54c76#.ru2yf2han>

If you have any questions about the issue or the campaign, please contact Margie Law - m.law@anglicare-tas.org.au or Kate Burton - kateb@anglicare-tas.org.au

Mindful Movement and Neuroplasticity Improving Movement, Reducing Pain and Calming your Mind

An Awareness Through Movement classes trains your nervous system (your brain) through attention to subtle movements of your body.

In each class, you will experience a series of gentle, sequential movements patterns, which serve to recalibrate your nervous system, creating the opportunity to let go of old patterns of movement (and stiffness, pain and discomfort) and imprint new, simpler, more easeful ways of moving. Your body and mind will become calmer. **See page 7 Feldenkrais**



Changes to the way we screen for cervical cancer

By Kirsten Braun, Women's Health Queensland Wide Inc

Article reprinted with permission from Women's Health Queensland Wide Inc, Health Journey, Issue 1, 2017

Two-yearly Pap smears will be replaced with a five-yearly HPV test. We answer women's important questions on the changes.

From 1 December 2017, important changes will be made to the National Cervical Screening Program, the program that aims to prevent cervical cancer by detecting early changes in the cervix.

The key changes to the program are:

- The Pap smear test will be replaced with a human papillomavirus (HPV) test;
- Screening will start at age 25 (up from current age of 18);
- The time between tests will change from two to five years;
- Women will be invited to screen until 69 years of age and then invited to exit the program if they have a further negative HPV test between 70 and 74 years of age;
- A national screening register will be established, replacing the current State and Territory-based Pap smear registers. Invitations and recall letters will be sent out to encourage participation; and
- New tests will be available on the Medicare Benefits Schedule (MBS).

To better explain the changes and how they will affect women, Women's Health have answered a number of frequently asked questions.

Why has the Pap smear test been replaced by a test for HPV?

It is known that almost all cervical cancers are caused by persistent infection of HPV. HPV is an extremely common sexually transmitted infection (STI). Most people's immune system will clear the HPV virus on their own within a year. However, for some women the HPV infection will persist, causing precancerous cell changes. Most of these precancerous cell changes will also return to normal with no treatment. In rare cases, however, the precancerous changes can eventually progress to cervical cancer but this takes between 10 to 15 years.

Since the introduction of cervical screening in Australia in 1991, a large body of scientific evidence has been accumulated, demonstrating that the HPV test is more effective than the Pap smear test for cervical screening. The current Pap smear test looks for precancerous changes in the cells of the cervix. The HPV test, however, actually looks for the presence of the HPV virus which causes these precancerous changes to the cells.



Why the switch to five-yearly tests? Is this still safe?

As the Pap smear test was looking for precancerous changes to the cells it needed to be done every two years. The HPV test detects the virus that causes the precancerous changes and, therefore, is more effective. Women can, therefore, be screened less often, every five years instead of every two years. It is estimated that over a woman's lifetime the number of tests she will have will drop from 26 to approximately 10.

Screening every five years avoids detecting HPV infections that are likely to clear up on their own within a year. Under the two-yearly screening program, precancerous changes that would usually resolve on their own may have been treated, with some of these treatments increasing the risk of pregnancy complications. Moving to a five-yearly system reduces the chances of this occurring.

Cervical cancer is a very slow progressing cancer. The precancerous stage can last for many years before the development of invasive cancer.

Therefore, it is safe for women to have five-yearly screening rather than two-yearly screening.

If women display any symptoms of cervical cancer (i.e., bleeding between periods, bleeding after intercourse, or unusual vaginal discharge or pain), in the years between tests they should see their doctor.

Why has the age to start screening changed to 25?

The age to begin screening has increased to 25 for a number of reasons. The introduction of the cervical cancer vaccine has meant that women aged 20-24 now have a substantially lower risk of cervical cancer.

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These women would have been offered the vaccination at school and the take-up rate for vaccination in these women is high. The vaccine protects women from the two types of HPV that cause about 70% of cervical cancers.

Cervical cancer is very rare in women under the age of 25, in both HPV vaccinated and unvaccinated women. It is estimated that in 2016, there were 738 new cases of cervical cancer in Australia, with only 13 of these occurring in women aged 20-24.

In addition, evidence shows that since the introduction of cervical screening in 1991, the number of cases or deaths from cervical cancer in women under 25 has not changed. This means that screening women younger than 25 for more than 20 years has had no effect on preventing cervical cancer in this age group. As discussed in the question above, some treatments for precancerous changes can increase the risk of pregnancy complications later in life. Therefore, as the risks of screening this age group (pregnancy complications) appear to outweigh the benefits, the age to begin screening has been raised to 25.

What if a woman first had sex when she was very young or was the victim of sexual abuse - should these women have their first HPV test earlier than age 25?

As the incidence of cervical cancer is very rare in women under the age of 25, even women with these circumstances can wait until age 25 to have their first HPV test. If a woman experiences symptoms of cervical cancer (i.e., bleeding between periods, bleeding after intercourse, or unusual vaginal discharge or pain), before the age of 25, they should visit their doctor. Women under the age of 25 with symptoms of cervical cancer would be offered an HPV test. Women who have no symptoms but wish to have an HPV test before the age of 25 are still able to but will not be entitled to Medicare funding, so would need to pay for it themselves.

What does having the HPV test involve? Is it very different from a Pap smear?

For women the actual test will look and feel the same. Women will still need to get undressed from the waist down, have a speculum inserted into the vagina and have a small sample of cells taken from their cervix. The difference will be the way the sample is examined in the laboratory. The same health professionals who provided Pap smear tests (doctors, nurses, midwives, Aboriginal health workers) will conduct the HPV test.

What will the new HPV test cost?

When the new National Cervical Screening Program is implemented, the HPV test will be covered under the MBS. Similarly, it is expected that pathology companies will bulk-bill the test. This means the actual test will be free. However, women may still have to pay for the doctor's appointment itself, if their doctor doesn't bulk-bill. Women can ask when they book their doctor's appointment if they will have any out-of-pocket expenses.

What will happen after I have the HPV test?

If a woman's test is negative (no HPV present), her next test will be in five years. If a woman's test is positive to HPV, the same sample will undergo further testing. Depending on the type of HPV and if there are any cell changes, a woman may be referred for a colposcopy (a thorough examination of the cervix) or advised to have a repeat test in 12 months.

I had the cervical cancer vaccine. Do I still need to worry about cervical cancer screening?

While having the cervical cancer vaccine will reduce the risk of cervical cancer, the current vaccine only protects women from two types of HPV that cause about 70% of all cervical cancers. As the vaccine doesn't provide complete protection, vaccinated women still need to have cervical cancer screening.

My Pap smear is due now? Should I wait until the new screening program begins?

Until the new screening program is in place it is essential that women keep having regular two-yearly Pap smears. Women should not delay having their Pap smear until the new program is implemented. Approximately 80% of women diagnosed with cervical cancer have never been screened or have not had regular Pap smears.

What happens next? How will I know when to have the new HPV test?

From 1 December 2017, women aged 25 or over who have never had cervical screening will receive an invitation to have the HPV test from the new National Cancer Screening Register. Women over 25 who had a Pap smear test in the past will receive an invitation to have an HPV test when they are within three months of the date when they would have been due for their Pap test. Women will also receive a reminder from the National Cancer Screening Register if they are three months overdue for their test.

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 You can now follow us on Twitter
@WomensHealthTAS

At what age can I stop having HPV tests?

Women between the ages of 70 and 74 who have had regular screening and negative results will have an exit (final) HPV test. If this test is also negative, they can then leave the cervical screening program and won't need to have a further HPV test.

Take home messages:

- Move from a Pap smear test to an HPV test which is more effective.
- The time between tests will change from two to five years.
- Women can wait until they are 25 to start screening.
- Having the new screening test will look and feel the same as a Pap smear test.
- Women will receive an invitation to have the test.
- For more info on the changes go to the Cervical Health Info Line website at <http://womhealth.org.au/contact-us/cervical-health-info-line>.

Breast Cancer Support Group

For any woman diagnosed with breast cancer who would like information and support.

**3rd Tuesday of the month from
11:45 am - 1:15 pm**

The next meeting dates are:

May 16	Group discussion
June 20	Group discussion
July 18	Group discussion
August 15	Group discussion
September 19	Group discussion



Please phone Women's Health Tasmania on 6231 3212 for more information.

ENCORE NEWS

Encore is an eight-week program of two hours duration, specially designed for women who have had breast cancer. It helps restore mobility, flexibility and confidence through gentle exercise.



The program provides trained facilitators, floor and warm water exercises and the opportunity for women to support one another.

Encore programs are free to participants and designed for women who have had breast cancer at any time in their lives.

Hobart

The next Encore program will commence on September 26, 2017. (Date to be confirmed)

Contact Rosemary for further details on 6231 3212. or via email at rosemary@womenshealthtas.org.au

Launceston

The next Encore program will commence in October, 2017.

Contact Mandy via manda_page@yahoo.com.au for further details.

North West

The dates for the next Encore program will be scheduled soon.

Contact Kris on 0407 341 585 for further details.



TasWater



Dragons Abreast Australia
www.dragonsabreast.com.au



Embody Woman Workshops

Finding feeling and following with the natural rhythms of your body can sometimes be challenging within modern lifestyle structures such as work, family commitments, relationship expectations and general social norms.

FREE INTRODUCTORY WORKSHOP

'The Journey of Embodiment'

11 - 1pm Saturday May 27, 2017

Women's Health Tasmania 25 Lefroy Street, North Hobart

The workshops are open to women of all ages and stages in life as there's always a story to share and inspire.

For more information and bookings contact Tani: 0422 742 297 or book online at <https://.trybooking.com/PTCA>

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Busting Out

Busting Out!, Women's Health Tasmania's fundraising event for the Encore Program on March 2, was a fabulous success. Over \$4,000 was raised to run exercise courses for women to gain strength, mobility and confidence following surgery or treatment for breast cancer.

A huge thank you to everyone who attended on the night and to over 140 individuals who attended, donated a ticket and/or made a donation. Special thanks to: the fabulous band, Mama K and the Big Love for their generosity and fabulous music; Mamma Rosa, for her hilarious performance and her amazing voice; and the Moonah Arts Centre.

We were also very grateful to the businesses who gave discounts and donations toward the success of the evening - which include: Greens Quality Meats; Officeworks; Hill Street, West Hobart; Wursthau; Red and White; Grant Medwin of Free Form Studios; Empowered Fitness; Legs "n" Breasts, Sorell; Principle Hair Design, Lenah Valley; AJ Clay Designs; Rosetta Store and Bakery; Forty Winks; Francesca Jewellery; Bonorong Wildlife Park; and Salamanca Fresh.

Our sincere thanks to the following Members of Parliament who attended on the evening and/or made a donation. Hon. Elise Archer MLA, Hon. Jacquie Petrusma MLA, Hon. Mike Gaffney MLC, Hon. Matthew Groom MLA, Hon. Josh Willie MLC and Madeline Ogilvie MLA.

Lastly, but by no means least, thank you to all the people who volunteered on the night, including our wonderful Board members.

Keep your dancing shoes ready for next year.



Mama K and the Big Love



Wendy
Encore Facilitator



Mamma Rosa



Glynis Flower & Hon Elise Archer MLA

Embody Woman Workshops

In this series of 5 workshops share a way to experience, express and prioritise your body's unique feelings and needs creating changes that can inspire more balance, fulfilment and flow in your life.



Beginning **Saturday June 10th 11 - 1pm**, then every **2nd Saturday of the month**.

Workshop Topics: Your Body's Story; Listening to your Body; Following your Body; The Language of your Body; and Living in your Body

Tani Langoulant facilitates these workshops in a fun, easygoing manner encouraging story sharing, self reflection, intuitive knowing and experiential learning. She has a BA in Sustainable Development with a particular focus on Eco Feminism and Self Sustainability in Society as well as a background in Counselling, Group Fitness Instruction (Pilates. Body Balance) and Creative Writing.

Embody Woman Workshops are open to women of all ages and stages in life as there's always a story to share and inspire.

For more information and bookings contact Tani: 0422 742 297 or book online at <https://.trybooking.com/PTCA>

WHAT'S ON @ WHT

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	7:30 - 8:30am Tai Qi 3 week blocks Vicki 0427 902 220	7:30 - 8:30am Tai Qi 3 week blocks Vicki 0427 902 220	7:30 - 8:30am Tai Qi 3 week blocks Vicki 0427 902 220		
		10:30 - 11:30am Meditation Guided and safe with Jean Gilbert. By donation	9:45 - 11am Yoga (Hatha) experienced with Kathy \$8 per session Come early for a spot.		10am - 2pm Waste to Wonderful Textile skill sharing. Contact Jen at ourplacew2w@g mail.com
		10 - 11:30am Fitball (beginners) Gil Whitehouse \$8	10:30 - 12:30 Women's Walks 6231 3212		
	11am - 12pm Tai Chi Weekly \$8	11am - 12:30pm Community Health Nurse	11:15am - 12:30pm Yoga (Hatha) beginners with Kathy \$8 Come early for a spot.		
PM	12:10 - 1:10pm Ageing Well with Weights Practice		2:30 - 4pm Ageing Well with Weights Practice	1:30 - 2:30pm Feldenkrais Begins July 6, 2017 for 10 weeks. \$15 per session or \$120 Wendy on 0447 120 688	

Therapists and Monthly Groups

Breast Cancer Support Group

3rd Tuesday of the month 11:45 am - 1:15 pm. For any woman diagnosed with breast cancer who would like information and support.

Bowen Therapy (NST)

Every Wednesday at the Centre. \$65 per session. To make an appointment contact Christine Toyama on 0417 363 108.

Food Coaching

Every Wednesday at the Centre. For appointments contact Alison Gandy on 0400 515 352.

Writers' Support Group

1st Wednesday of the month, 2 - 4 pm. New members welcome.

Warped Wenchies

3rd Saturday of the month, 10 am to 4 pm. A group of women who love to sew, and share an interest in all sorts of crafts.
Contact Denise 0417 808 871.

Come in for a cuppa, browse in our library or use the photocopier.

Women and the Media

by Petula Broad

There's an old riddle that's been doing the rounds for years. A father and son are in a horrible car crash that kills the dad. The son is rushed to the hospital; just as he's about to go under the knife, the surgeon says, "I can't operate—that boy is my son!" Who is the surgeon?

If you guessed the boy's gay, second father, you get a point for thinking outside the square, but did you also guess the surgeon could be the boy's *mother*? If not, you're part of a surprising majority.

Even after all this time, we don't automatically think of the surgeon being a woman.

Why do we continue to have this view of ourselves? Where did we learn how to be a woman? Why do we accept the stereotypes and myths about girls and women delivered to everyone in society as correct?

Over a lifetime, messages and stereotypes about women are rarely noticed or questioned, and so we become the women we are told to be, without questioning the usefulness to ourselves or society. In a process often called internalised oppression, we accept society's norms as though they were basic truths.

One of the most pervasive influences on normative behaviour is the media in its many forms. Television, newspapers and social media all play a part in forming peoples' opinions. In the case of social media, the opinion can be swift and brutal, with very little research to back it up. But the media also gives us more subtle, subliminal messages about a woman's place.

I recall a trial reported in our local newspaper in which the female victim's attire was reported on. Nothing about the attire of anyone else in the court was reported on, including the accused. What the woman was wearing bore no relevance to any part of the case, yet the reporter had seen fit to comment.

Later, in the same paper, a "mother" committed a crime of theft. Undoubtedly "fathers" commit similar crimes, but it's usually just reported as a man, without any mention or implied judgement about parenting.

As I write this, in today's paper, the back five pages are dedicated to sport. There are 17 images of men and one picture of a women's AFL team.

These are just a few local examples. To a person who doesn't stop to question these norms, it is easy to accept that because of their visibility, men are somehow more important and their lives of more value. As women, we

internalise these norms and learn to defer to the "way things are".

Australian media coverage can be measured by the language of "he" versus "she", according to research from Annabelle

Lukin, Associate Professor at Macquarie University. Looking at 100,000 words, "he" was the 16th most frequently used. "She" was the 66th. The ratio of "he" to "she" reporting in Australian news is 3.4 to 1.

When they looked for proper names, the top 20 names were male, such as Peter, John etc. The only time a feminine-gendered word outnumbered a male was the word "female". This is because we talk about "female cricketers" or "female scientists". Men are simply cricketers and scientists.

Further examples of subtle messaging can be seen in film. Many people will have heard of the Bechdel test, which looks at whether a work of fiction features at least two women or girls who talk to each other about something other than a man or boy.

In film, a study of gender portrayals in 855 of the most financially successful U.S. films from 1950 to 2006 showed there were, on average, two male characters for each female character, a ratio that remained stable over time. Female characters were portrayed as being involved in sex twice as often as male characters, and their proportion of scenes with explicit sexual content increased over time. Violence increased over time in male and female characters alike.

Locally, an analysis of projects supported by Screen Australia found male directors featured a female character 24% of the time, compared to 74% for films with women directors.

When we look at the Australian film industry, we find the proportion of women involved in the production industry was around 36% and in the post production sector it was 29%.

The reasons why we don't have more women working in the media are complex, but are similar to why we don't have more women in higher management positions in general.



Key decision makers in business and government are overwhelmingly male, and in a male-dominated workplace, females are less likely to be supported or even be part of the landscape, so it is not surprising we view our own gender through a male-tinted lens.

Add to that our annoying tendency to want to take time off to parent, lack of self belief (influenced by that subtle messaging) and continuing problems with pay equity; all make the road to equal representation look rocky.

It's not all bad, though. ABC News decided to become an industry leader in creating change. In 2014, they analysed interviewees in current affairs programmes and found 80 per cent of interview time was dedicated to men.

ABC News is now making greater diversity a requirement, aiming for 50/50 male/female representation, in order to accurately reflect the population and actively measures gender speaking times for programmes like "Q&A".

We need to make all publicly-owned media outlets accountable in their portrayal of 51% of the population, so this becomes normalised for all media, and we can start seeing ourselves represented in intelligent, competent settings.

This is a necessary first step to allowing us to notice when we are not represented, to notice when all the opinion is male and not representative of us, and to allow our voice to be heard.

With any luck, the men will stop talking long enough to listen.

References

1. <http://theconversation.com/he-vs-she-in-australian-media-coverage-what-the-language-of-news-tells-us-about-gender-imbalance-67139>
2. https://en.wikipedia.org/wiki/Bechdel_test
3. <https://www.screenaustralia.gov.au/getmedia/f20beab8-81cc-4499-92e9-02afba18c438/Gender-Matters-Women-in-the-Australian-Screen-Industry.pdf?ext=.pdf>
4. <http://www.abc.net.au/news/2016-03-08/morris-a-balanced-media-not-when-it-comes-to-gender/7228262>



The 8 week Ageing Well with Weights course has proved to be very popular and we plan to offer another one mid year.

Classes will be on **Mondays from 9:30 to 10:30am.**

The course costs **\$10 per week or \$65 paid upfront** for the full 8 week course.

To register your interest and book please contact the Women's Health Tasmania on 6231 3212 or via email to info@womenshealthtas.org.au

FREE Ayurvedic Sessions

With Dr. Gangashree Nair

Tuesdays 12:30 – 1:30 pm

- May 23** Promoting Healthy Pregnancy & Motherhood
- May 30** Help with Post natal care
- June 6** Transition through Menopause Gracefully
- June 13** Stress Management & Gaining Control of Mind

Understanding the Experiences and Effects of Economic Abuse for Women in Australia

This important study aims to find out more about women's experiences with money and finances in their intimate heterosexual relationships.

The study is being conducted by researchers in the School of Occupational Therapy & Social Work at Curtin University.

https://www.surveymonkey.com/r/03-2017_2016-0440



WOMEN'S WISDOM LIBRARY



Dying for a Cure by Rebekah Beddoe

A memoir of antidepressants, misdiagnosis and madness

From the moment I picked this book up, I found it very difficult to put down. It is a riveting account of Rebekah Beddoe's journey, on its own reason enough, but having family members who struggled with mental health issues added a whole other dimension.

This is Rebekah's memoir; a fit, strong, well educated, capable career woman whose life turns upside down after the birth of her daughter. Rebekah found herself struggling to cope with a constantly crying baby, sleep deprivation, lack of support, loss of her career and a sense of failure at not being a perfect mother.

After seeking help from her GP and a paediatrician, but not finding a solution for her baby's crying, Rebekah is handed a trial pack of Zoloft (an anti-depressant) and a referral to a mother and baby unit. On admission to the unit, Rebekah's descent into madness begins.

Throughout the story, as Rebekah has new medications introduced, interventions such as electric shock therapy, and new diagnoses, she explains many things. How the drugs are meant to work and their side effects; what new evidence and research is finding; and the knowledge of experts in the field, who question the over-prescription of anti-depressants in particular. To illustrate these points further, Rebekah includes stories of other people's experiences.

During the course of her story, Rebekah's mental health deteriorates. Only one of the many health professionals she consults questions the cocktail of the medication she is on. None stop to wonder whether in fact her erratic, self-destructive behaviour may, in fact, be caused by the medication.

The side effects of the medications Rebekah experienced were horrendous, not to mention the impact her resulting behaviour and health had on her loved ones. Not only did the medications cause mental disorder symptoms, but they also resulted in her developing Type 1 diabetes.

Sadly, in our modern world we are expected to cope no matter what life throws at us, to soldier on. If we don't cope, we are convinced there is something wrong with us.

Unfortunately, we have been conditioned to reach for a pill to cure whatever it is that ails us.

In her book, Rebekah quotes Elliot Valenstein, Professor Emeritus of Psychology and Neuroscience at the University of Michigan Psychiatry - from his book *In Blaming the Brain: the truth about*

drugs and mental health. Valenstein states "the evidence claimed to support the various chemical theories of mental illness is not strong, and there is much evidence that contradicts the prevailing view". He goes on to say "The truth is that we still do not know what causes a mental disorder, or how drugs sometimes help patients get better. Yet, despite this, the theory that mental disorders arise from biochemical imbalance is widely accepted."

Rebekah's memoir questions why the biochemical theory is perpetuated and accepted so readily. And whether - in our quest to find a cause, raise awareness, de-stigmatise, recognise and treat mental illness - we may have swung too far. She queries if we have given too much power to pharmaceutical companies, and the professionals on their payrolls, whose motivation is making profit, not an individual's health.

The advice given at the end of the forward, by Dr Jon Jureidini, for anyone distressed by sadness or worry is sound. Consider carefully if there might be better answers than medication for you. If medication is prescribed, demand regular reviews to ensure they are not causing problems, and find a health professional who will listen carefully to your story.

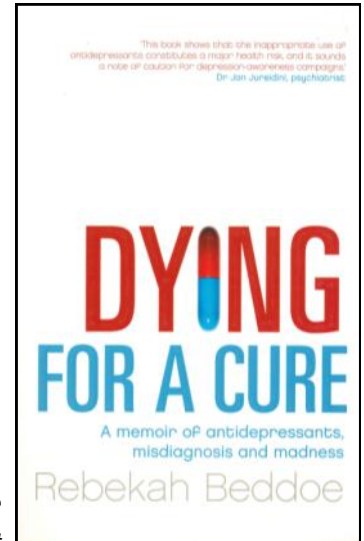
by Jen Van-Achteren

Note: Dying for a Cure was published first in Australia in 2007, but it still reflects concerns by some women regarding their medications.

Women's Health Tasmania acknowledges mental health treatments are constantly evolving. Medications have undergone continuing research in this time and different therapies assist different people.

It is very important to seek advice from your practitioner before stopping medication or changing the dosage.

Other information can be found at - <https://www.sane.org/mental-health-and-illness/facts-and-guides>



Vale - Leonie Dickson

It is with great sadness we note the passing of our great friend, Leonie Dickson. As a past Board member, Leonie came to value our work at Women's Health Tasmania; she continued to offer welcome to country, words of wisdom and support at most of our functions over the last 8 years or more.

She was widely respected within the Tasmanian Aboriginal community and in state and national forums.

Her work crossed many sectors. The number and range of attendees at her funeral was a testament to the respect and love she engendered. They came from all walks of life, cultures and age groups to remember a woman of extraordinary understanding and empathy.

Her work encompassed a range of community development and health and wellbeing especially within the Aboriginal community, and her last position was as the Aboriginal Liaison Officer at the Royal Hobart Hospital. She was generous and caring in all of her work and she took particular delight in the younger generation.

Leonie was an artist who exhibited widely, making traditional baskets and necklaces, with her final work on show at the Tasmanian Museum and Art Gallery

Most of all, family was central to her life and she was vital to them. We offer our sincerest condolences to her family, friends and work colleagues. We are proud to have known Leonie and thankful for our memories. She was an inspiration to many.



Traditional basket made by Leonie

Separated Families Study Participants Needed

The Australian Institute of Family Studies (AIFS) is conducting a new study to find out how family law services can best help children when their parents separate. They would like to talk to young people aged 10-17 years, and a parent, about their experiences.

As a thank you for their participation, young people will be offered a \$30 gift voucher and their parent a \$20 gift voucher.

If you know or work with any families that might be interested in participating in this study, please direct them to the study website: www.aifs.gov.au/cypsf

Alternatively, if you would like further information about the study, or would like to be sent material to promote the project to clients, please contact the study team via email:

childrenandfamilylaw@aifs.gov.au



BE HEARD

Are you —

- » A young person (aged 10-17) whose parents have recently separated?
- or
- » A parent who has recently separated, with a child aged 10-17 years?

We need your help!



INTRODUCING . . .

Hi there, my name is Lisa and I started working at WHT in January, filling the counselling role.

I am passionate about wellbeing, social justice and the beauty of our planet. I believe people are naturally good and it is life's circumstances that shape us, in how easy or difficult it is to actually live this goodness. I have become a Social Worker in order to contribute to goodness and feel so grateful to have the possibility of being part of an amazing team and organisation supportive of that.

I am originally from Dresden in Germany, where I was born and grew up until I went travelling to Australia, New Zealand and South-East Asia after finishing High School. After my travels I returned to Dresden to study and complete my Social Work degree. I came to live in Tasmania 2 years ago.



Lisa Stautmeister

My work experience is broad – starting off with waitressing, shop assistance, cleaning, “kindergartening” and babysitting. Later, moving on to more classical Social Work fields of youth justice, school-related educational projects, kindergarten, homeless shelters, residential disability and youth care.

I am a big fan of grass-roots and community-empowering movements and outside of my work for the WHT, I am also involved with The Welcome Dinner Project and the Hobart Food Cooperative Source. If you don't find me working, I will probably be watching a great independent movie at the State, doing Yoga, free form dancing, making music or just hanging out with my family and our rabbits.

I look forward to meeting you at the centre!

JOIN WOMEN'S HEALTH TASMANIA

All women are welcome at the Women's Health Tasmania and membership is not a requirement to access our services. But becoming a member is a way of helping us show, to the broader community, what the centre means to you. Membership is only \$15 per year. To join go to our website at www.womenshealthtas.org.au

CONTRIBUTIONS . . .

Contributions from readers are very welcome. To be considered for inclusion, all contributions must be received by the following deadline: **Spring Edition: July 31, 2017** (newsletter distributed at the end of August 2017).

We acknowledge and pay respect to the Tasmanian Aboriginal community as the traditional and original owners and continuing custodians of this land.



. . .GETTING IN TOUCH

Open: **Mon, Tues, Wed & Thurs 9:15 am to 4 pm**

Visit: **25 Lefroy Street North Hobart** Post: **PO Box 248 North Hobart Tas 7002**

Tel: **03 6231 3212** Women's Health Information Line, freecall **1800 675 028** Fax: **03 6236 9449**

Email: **info@womenshealthtas.org.au**

Website: **www.womenshealthtas.org.au**



WHT gratefully acknowledges the funding support of the Tasmanian Government through the Department of Health and Human Services.