



OCEANIA NEWSLETTER

December 2015

WELCOME!!!

With most of us winding down or is increasing activity as the year end and holiday season approaches seeming ever rapidly each year. Time to take stock of the years events, our region has had the usual disruptions and health issues from cyclones, floods, fires volcanic eruptions and the like. Compared to other parts of the world we have escaped reasonable lightly. There disease, in particular Ebola, storms, floods and aggressive acts have caused havoc for health services. The Paris bombings struck an accord and outrage from so called western nations justifiably so, BUT such bombings are regular occurrences in many parts of the world, including the USA given the number of mass shootings there.

Those people in these regions who just want to lead a life of peace and survival are victimised and it is no wonder that many are fleeing to start a new life. Not covered in the media reports are the many health issues facing those refugees and the health services who are responding to them.

Really all these events confirm the need for emergency health responses and the preparations and training required to provide responses.

Finally on behalf of the WADEM Oceania Chapter Committee I would like to wish you a great Christmas holiday or just the opportunity for a holiday even and a prosperous 2016.

Cheers

Graeme

WADEM Oceania Chapter Newsletter Aims

The aims of the WADEM Oceania Chapter Newsletter are to:

- *provide communication for regional members*
- *encourage a collegiate relationship amongst regional members*
- *update members on news and events such as health issues in the region*
- *provide a forum for discussion on emergency medicine/health issues*
- *give encouragement and support for research papers*
- *allow publication of basic case studies*
- *support exchange of information and work programmes*
- *publicise coming events*
- *support the aims and activities of WADEM within the region*

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OCEANIA NEWS

WADEM Oceania Committee election.

The Oceania chapter committee has provided ongoing communication via the chapter newsletter throughout its term. In particular the 'coffee with' section has provided an entertaining way to meet and get to know our colleagues, and the introduction of Auntie has provided a unique education on the finer points of best practice in the setting of disasters. The successful bid to host a WCDEM in Oceania provides an exciting opportunity for the region, we look forward to supporting the new committee in the future growth and engagement of the Oceania chapter.

Your new committee (For next 2 years)

Chair - Penny Burns

Deputy Chair - Erin Smith

Secretary - Graeme McColl

Committee Members - Rowena Christiansen, John Coleman, Joe Cuthbertson, Karen Hammad, Caroline Spencer, Thompson Telepo, Sarah Weber

EVENTS / PROJECTS / PROGRAMMES / RESEARCH / COURSES REPORTS

From The Press Christchurch 20-10-15

Canterbury health board survey reveals a third think job is bad for their health

The level of stress and fatigue among staff in the Canterbury health system is becoming a "safety risk" for them and their patients, health authorities warn.

The Canterbury District Health Board's (CDHB) 2014 health and wellbeing survey, obtained by Fairfax, shows more than one-third of staff believe their job is having a negative impact on their health. The document was presented to staff in October this year. Fifty-two per cent of staff feel either frequently, or very frequently, fatigued in daily life, and just 42 per cent feel valued as an employee of the CDHB.

It comes days after a leaked document laid bare the multitude of problems facing the health board, including an overflowing emergency department, staff stress and having its "governance and management undermined".

However, rather than blaming the health board, many health authorities say the onus is on the Government to alleviate staff workloads with additional funding.

Association of Salaried Medical Specialists executive director Ian Powell said fatigue "resonates very strongly" with complaints members had been making. "A big message has come through around workload and inadequate staffing levels in mental health," he said.

"The Government has failed to recognise that the earthquake was more than the heroic things that were done at that time, there's long-standing damage done. They seem to believe that the repercussions of the earthquake are long gone." He said a review of the board's finances had proved an "enormous distraction" to the executive team who may have taken their "eye off the ball in terms of the pressure on staff".

A senior CDHB manager had told the union the system was "under stress everywhere", he said. Patient needs and acuity were higher, and people sicker, than pre-quake.

NSW AusMat Course.

The 2015 AusMAT NSW Team Members Course was held 03 – 06 November in Glenfield, NSW. Twenty-four participants from Medical, Nursing, Paramedical, Fire & Rescue and Policing backgrounds came together where they camped for the duration in very wet conditions. Lectures provided to participants included topics such as Disaster Framework, Security, Convoy Driving, Vehicle Checkpoints and Weapons, with a Field Exercise conducted on Day 3 to test participant learning. New South Wales Health uses the opportunity to work with NSW Fire and Rescue to set up a Base of Operations for the duration of the course in order to simulate a deployment for the Participants. This provides an additional aspect of realism to participants whilst also exercising camp set up for Logisticians, including setting up a partial Field Hospital and full Medical Cache. Overall the course was a success and resulted in 24 valuable additions to the AusMAT family.



Event Emergencies Guidelines

The Torrens Resilience Institute has released a short guide to staying safe during event emergencies such as terror attack. The document can be found at:

www.flinders.edu.au/nursing/torrens-resilience-institute/event-safety.cfm

Note that this quick check list does not cover off on the more context and situational aspects that are contentious such as taking belongings with you when evacuating or using social media to provide response agencies with improved situational awareness. It is therefore a simple and hopefully helpful piece of advice to members of the public attending mass gatherings.

Our Rural Health Workers

I sometimes get the feeling that too often perhaps we in our organisations think more about the major incident mass casualty events and forget those closer to home and in particular attended by volunteer services in small communities.

This was brought home to me recently reading a report in my community newsletter regarding two resignations from the local volunteer fire service. Here the fire service volunteers also act as the ambulance first response. Those resigning found the trauma of attending to incidents where they know the patient to be too difficult to cope with. Another community newspaper a day later also had comments regarding boating tragedies and the difficulties of community volunteers attending and searching for the bodies of people they know.

I also am aware of an incident earlier this year in a rural town where local volunteer ambulance responders attended a mass casualty incident in their town. This incident overwhelmed both the local and nearby health services. Two deaths resulted and those injured as well as the dead would have been known to the volunteers who attended. Incidents such as this do put a strain on community volunteers at a time when the pool of those available to volunteer seems to be shrinking.

These situations raise the crisis of choice for volunteers when faced with a decision of looking after their own home / family or the whole community in rural fire fighting responses. This can be followed by personal loss while out helping others and the frustration of not qualifying for assistance in the recovery. There is also the strong likelihood of having to work way beyond your scope of practice / training / experience in major incidents and over a sustained period for rural health workers and volunteers. This is analogous to a medical intern doing lifesaving emergency cardiac surgery alone on a group of friends, something that would be unthinkable in a metropolitan centre.

After reading and learning about such incidents I always wonder how much attention and training has been given to those volunteers to cope during and post response. Including the media issues that follow and impact on people. There is the potential effect on the whole community if these people aren't looked after as rural services rely on volunteers who also might be only mechanic or baker in town as well.

Is there a possible suicide risk when coupled with existing pressures such as drought, floods etc.

These local volunteers are immersed in their experience and caught up in the emotion of the community. They can't take a break and go home to another reality each evening or even after the immediate threat abates. They are "living" in the event and in the aftermath. The permanent smell of smoke from the burnt trunks, the constant visual of a bare blackened landscape every time they look outside or drive down the road to get groceries or drop their children at school, the reminders of flowers tied to a telegraph pole where a school bus crashed. There is no time out.

Are they advised what they could be expected to attend during their initial training? Post event what support services are available to them? What should be made available and included in training courses on a regular basis? Some suggestions are:

- Inclusion of psychological first aid and self care in training and availability of this to all volunteers
- including this as essential part of training
- including the 'known patient' as part of scenarios and exercises for all first responders but especially those in smaller communities
- providing clear lines of support in the aftermath

- use of a buddy system which links rural responders with someone out of area

Also what training, over what periods, has been given on attending mass casualty incidents, have there been exercises, discussions or other means of learning? What plans, protocols and procedures are in place and are staff aware of and able to activate these?

There is an obligation as an employer to provide a safe workplace for staff (including their mental health) and this includes volunteers as well as paid staff. The training suggested would contribute to the safe workplace.

As for the rural communities what is the impact of loss of a volunteer workforce on sustainability of service; capacity and capability? With bigger picture issues possibly of people being lost from the community if they move to cope with this (many stories of incidents destroying community fabric as people are injured or move away as means to cope post incident).

Often a statement is made to say the counselling is available, but is this really handled properly. Are the volunteers able to find their own way to acceptable, to individual, counselling situations? Is the local counsellor an ex partner and is there no other option? Acknowledging that individuals respond individually to traumatic events, what follow up is there in the months and even years afterwards?

Also what training, over what periods, has been given on attending mass casualty incidents; have there been exercises, discussions or other means of learning? Finally what plans, protocols and procedures are in place and are staff aware of and able to activate these?

These many questions need to be answered. Better planning and practicing will improve the performance of rural volunteer staff and clearly defined lines of responder support during and after the incident will help sustain this valuable 'force' so we have someone to respond the next time.

Graeme, Penny and Peter.

Comments invited.

EDUCATION and TRAINING OPPORTUNITIES & PROJECTS

Masters Degree in Disaster Health Care

The Asia-Pacific is the most disaster prone area in the world and many Australian health professionals are involved in disaster response and preparedness at local and international levels. At present, Australian healthcare staff have limited opportunity to acquire tertiary disaster qualifications. Programs that are currently available in this area provide a focus on management, public health and tropical medicine rather than an operational response.

The Torrens Resilience Institute (<http://www.torrensresilience.org/>) is a leader in multidisciplinary disaster and emergency research in the region incorporating a World Health Organisation collaborating centre and an International Council of Nurses research and development centre. The National Critical Care Trauma Response Centre (<http://www.nationaltraumacentre.nt.gov.au/>) is an Australian federal government funded agency responsible for the coordination and development of national disaster health response. Incorporating the expertise of both organisations a partnership was formed to develop a Masters Degree program to provide tertiary level disaster education to health care professionals, including nurses, doctors and paramedics.

WADEM Student Club

Interested in joining? Contact Graeme McColl at Graeme.mccoll@ilsogno.info

People in Disasters Conference.

Christchurch 24-26 February 2016.

The full programme with speakers and abstracts is now available on the web site.

Web site for information www.peopleindisasters.org.nz

RESEARCH ASSISTANCE REQUIRED

Consider becoming part of the WADEM Mentorship programme. You can provide mentoring guidance and advice from your training and experiences, or for those studying or working to gain knowledge they can become a 'mentee' and seek help from a mentor.

Contact graeme.mccoll@ilsogno.info for initial advice.

WADEM COMMUNITIES of INTEREST

The following WADEM Sections provide contacts and information for members interested in the specific area/skills. More such areas of interest are likely to be established in the future.

Nursing Section

Contact: http://www.wadem.org/nursing/comm/july_14.pdf.

Osteopathic Physician Section

Contact: William Bograkos irisbo@comcast.net

Psychosocial Section

Contact: Limor Aharonson-Daniel limorad@exchange.bgu.ac.il

Mass Gathering Section

Chair is Alison Hutton

Contact alison.hutton@flinders.edu.au

Emergency Medical Response Section

Contact; joecuthbertson@hotmail.com

Disaster Metrics Section (Newly established)

Contact frank.archer@monash.edu

WADEM Student Section (Proposed)

Open to students of all disciplines currently being trialled as a student club at the University of New England.

Several student leaders from the University of New England www.UNE.edu have stepped forward in the development of the first student chapter of the WADEM. These student leaders unite Addiction Medicine www.AOAAM.org, Emergency Medicine www.ACOEP.org, and Military Medicine www.AMOPS.org clubs through sharing civil-military concepts in disaster dynamics. We

hope that Nursing students and students from the University's multiple colleges join our efforts. Drs Thieme and Bograkos will serve as their student chapter advisors.

If interested in a WADEM student club at your university contact:
William Bograkos irisbo@comcast.net or Knox Address knoxadress@yahoo.com

CALENDAR OF EVENTS

2016 24-26 February	People in Disasters, Response, Resilience and Recovery, Christchurch, New Zealand. For expressions of interest and further information. www.peopleindisasters.org.nz
18-21 April	16 th International Conference Emergency Medicine. (ICEM), Cape Town, South Africa. www.icem2016.org
2017 25 – 28 April	Save the Date 20 th World Congress for Disaster and Emergency Medicine. WCDEM Toronto, Canada

A COFFEE WITH

In this section members are invited to introduce themselves to other members in an informal manner.

This issue: No Coffee instead our beloved Auntie is hold a tea and scones gathering for some of our prospective committee members.

Aunties Christmas Tea Party

Merry Christmas sweeties

Once you get to my ripe old age of 31 you do find the years go faster and indeed this year has. My dear departed husband used to say it does get harder once you turn 28 but unfortunately he didn't live that long so I never got to find out.

Anyway, enough reminiscing about him and his soft spots. It's all about you now.

Auntie has excelled herself this year and organized her very own Christmas Tea Party. Deck the halls with holly and look at me in my hat made of mistletoe. Kiss me darlingsmmmwwaaa
xxxxx.

I have some very special guests today and that kind and dapper 'nephew' of mine who edits the Oceania Chapter Newsletter has let me ask them all the 'coffee with' questions while they are here.

Today in my parlour I have all of the newly elected Oceania Chapter Committee. Out with the old and in with the new I say. Hasn't the broom done a wonderful job. All so new you are sparkling. Well most of you – my nephew maybe not so much.

You know you can learn a lot about people by what sort of tea they drink and what biscuit they choose to go with it. "Graeme McColl sit down this instant and drink your tea - you are not going to the bar yet".

They are all big people so they can introduce themselves - but with a little help from me of course just to keep them on their toes.

“Hi, I am Graeme McColl (GM). I am a retired policeman and health emergency manager from Christchurch and am the Secretary - again”.

Auntie: Graeme has chosen not to have a cup of tea and will have some of my special eggnog instead with a slice of rum soaked fruitcake. He is also my favourite ‘nephew’.

“Hi, my name is Penny Burns (PB) and I’m a GP from Sydney with an interest in disaster health. Graeme and Peter nominated me for Chair so here I am”.

Auntie: Such a delicate soul, Penny has some PG tips in the teapot with my personal favourite, an Iced VoVo on top of a lamington.

“Hi, Joe Cuthbertson (JOC) is my name and I am a paramedic from Western Australia and am a committee member.”

Auntie: “Such a manly fellow, a Russian Caravan Tea, which is so smoky and sultry just like him, and some caviar. Nothing sweet there, watch yourself ladies.”

“Hi, Karen Hammad (KH), I am a nurse researcher from Adelaide and am a committee member”

Auntie: “Karen has chosen a coffee. Unheard of at my tea parties but she is the guest so one must oblige. At least she had a pumpkin scone with it so there is some hope for her.”

“Hi, Erin Smith (ES) here and I’m an academic at Edith Cowan University with a strong interest in prehospital care and disasters and am the new Deputy Chair”

Auntie: “Erin has chosen a standard Liptons tea bag with a Jatz. I was about to suggest that meant she is very upfront and practical with no frills..... but then she tried to read the tea bag to predict the future of WADEM. Maybe she is just daft?”

“Hi, my name is John Coleman (JCO) and I’m a committee member”

Auntie: John is so sensible. He has a white tea with one sugar and an ANZAC biscuit. He even snuck a biscuit into his pocket for later but thinks I didn't see, the cheeky possum.

“Hello from me as well, Thompson Telepo (TT) here. I am a nurse and academic from PNG and am a committee member.”

Auntie: Thompson is my favourite person here as he is so polite. Not at all like that Peter and Graeme. Thompson has simply said that he would be delighted to have whatever I chose to serve him. A true gentlemen just like that Skip Burkle chappie.

“Hi. I’m Caroline Spencer (CS). I’m a researcher at Monash University and am a committee member”

Auntie: Oh Caroline, so one with nature, green tea for her with a slice of organic rhubarb, wheatgrass and acai pie.bleeuugh.

“Hi. I’m Sarah Weber (SW) a nurse from Queensland and am also a committee member”.

Auntie: Sarah is having a simple Irish tea and a hot potato scallop – you can take the girl out of Ireland

“Hi, Peter Aitken (PA) here. I am the current chair but am stepping down and not nominating this time around”

Auntie: Peter Aitken you wont be able to escape you know that you silly man. Now drink your double espresso and eat your pie with a donut on top and be quiet and more polite.

Now – Are you ready for your questions. Of course you are.

“Question number 1 - Apart from Auntie (I know I would be the number one pick and it is just not

right to embarrass your guests by seeking false praise). Again APART from Auntie, which 3 people would you like to share a ration pack with, or even tea and scones, if you were stranded on a desert island?"

SW: "I"

JOC: "This time around the three picks are my kids - they seem to have the most common sense answers to complex questions and invariably if there is any spare food going they get it anyway".

Auntie: Oooh – I wonder whose children he chose last time? Lock up your daughters, just look at that man. Come here and sit next to me under my mistletoe hat darling. Mmmwwaa"

SW: "I ..."

GM: "I think the same at last time. Rick Stein to advise on cooking seafood and other dishes and travel stories. Skip Burkle for his knowledge and contacts. He knows people who know people who know. Plus he fancies Auntie, and he could be her toy boy which would stop her telling me, her nephew, what to do. My Wife Angela who tells me (and I agree) that I need her.

Auntie; Shush Graeme McColl. That young Skip mightn't be my only toy boy much longer. Joe Cuthbertson would you please come back here".

KH: Malala Yousafzai, Susan Abulhawa and Rebel Wilson for comedic relief.

ES: "I will keep the same answer that I had just over a year ago. I would love to be surrounded by strong, motivated and inspirational women. I choose Oprah Winfrey, Condoleezza Rice and Hilary Clinton. Although Hilary might be a bit too busy to be stranded at the moment!

PB: Admitting that I can't remember who I chose previously I will say:

Humour: As it is a tea party, Johnny Depp as the Mad Hatter to keep us laughing;

Comfort and basic needs: Daisy our cow to keep us in milk for our tea;

Connectedness: My neighbor, the local area expert and organiser, to keep us connected in our new community.

CS: Dame Quentin Bryce AD CVO, Former Governor-General of the Commonwealth of Australia, for her down-to-earth approach to success and natural ability to connect with the community. Christopher Columbus, to 'explore' what he thinks about the global situation today and Michael McIntyre for his very British take on Comedy.

JCO: It has been a long time since I did the first "interview" and I am surprised how little has changed, yet how much has changed.

Apart from Auntie, I would still like to share my ration pack with my maternal Grandfather and Stephen Fry. I think they would both be fascinating conversationalists and the more I learn about my Grandfather, the more I would love to have met him. The third person is less straightforward, I previously chose Russel Dynes for his academic work. As I am now formally pursuing my own MPhil study, it is tempting to nominate someone like William Waugh who has written a lot of interesting material relating to my thesis topic, but on further consideration I would nominate Peter Aitken or Ian Norton, as long as they didn't have to be at the same time as the other two. They both have backgrounds and interests, which appear similar to mine and it would be a good session, perhaps they wouldn't let the pizza get cold either.

Auntie: John Coleman I would strongly suggest you invite Ian rather than Peter or none of your other guests will get any pizza.

PA: Ummmw grhfgh mwunfth

Auntie: Peter Aitken do not talk with your mouthful. Well well. I love the choices by Erin and Karen in particular. However I am a little disappointed that nobody chose me even though I said apart from Auntie. Rules are made to be broken you know. Wait –I haven't asked Thompson.

TT: I will ask you Auntie and whoever else you want to bring.

Auntie: Isn't he a darling? Now its my turn to talk Graeme, please stop asking about the bar and stealing my limelight. I have to ask my questions. Sarah Weber you just hold that thought of yours for now".

Question 2 is a very serious one. Drum roll please "If you could achieve 1 thing only as a WADEM Oceania Chapter Committee member what would it be?"

SW: "I"

JOC: "I'd like to try to develop membership and engagement in more Oceania countries/islands. If this means spending time in islands like Samoa its a sacrifice I'm willing to make :)"

Auntie: He is so noble and so dashing. I could just kiss him. In fact I will....mmmwwwa.

ES: "If I had to choose one thing it would be to successfully promote the Chapter's mission to advocate and promote the development and improvement of disaster and emergency health through high quality education and research".

GM: "To develop a mentoring programme for students in our region".

SW: "I"

KH: "I would like to increase membership and networking between members to create a stronger chapter and awareness in the wider community".

JCO: If I could achieve only 1 thing as a WADEM Oceania Chapter Committee member it would be to stimulate more active participation with our Pacific Island neighbours. I find the contact with like-minded colleagues who are members of the Oceania Chapter such a stimulating and valuable resource that I want to make this available to folk who are even more professionally isolated.

TT: To be in a position that the National Department of Health and World Health Organization consult with us.

CS: As a reality check increasing membership for the Oceania Regional Chapter, being the most disaster-prone area in the world there are surely many people who could make a huge contribution to the Chapter.

PB: All the responses have been terrific so I have added what I think is left. That gives me leave to be flippant. Get my photo taken with Auntie and the Mad Hatter.

PA: Ummmw grhfgh mwunfth

Auntie: "Peter Aitken how many times do I have to tell you. Well aren't you all the high fliers and some of you are just slow chewers. Just remember that Icarus fellow who flew too close to the sun and had his goose cooked before he was stuffed. I forgot to go back to Sarah but oh well her goose is cooked for question 2. Question 3 now before you can open the special mineral water Graeme and I am going to make you go last so you have to wait".

""Where would you like to see the WADEM Oceania Chapter in 5 years?"

SW: "I ..."

ES: "In five years we will have had the WCDEM here in Australia and I hope that through active and effective promotion of the congress through the Oceania Chapter and our subsequent networks, we can make this one of the most successful international gatherings for disaster health professionals. As a consequence, I expect our membership numbers to have increased and our networking and engagement throughout the region to improve. I hope for collaborative research grants and multi-site research projects that take advantage of the expertise located within our region. I hope for world-leading education to be produced here and promoted by the Chapter. I would also like to ensure that WADEM maintains and seeks new links regionally in the Oceania region by providing regionally-based education and research and by implementing the objectives of WADEM within the Oceania Region wherever possible"

Auntie: "Such a perfect answer – you remind me so much of myself"

KH: - Erin has essentially stolen my perfect answer to this question...However, I would like to see the Oceania chapter hosting regular regional meetings, online discussions, workshops, webinars and education. I would like to see the Oceania chapter being more research active promoting and supporting collaboration and networking between Oceania members. I would like to see the Oceania chapter increasing the visibility of WADEM in the region through conference attendance and education.

SW: "I ..."

JC: I agree with Karen - Erin nailed this, we have a brilliant opportunity with a WCDEM conference to take the chapter further forward, some planning and reflection in the lead up on how we do this is worth considering.

PA: Ummmw grhfgh mwunfth

Auntie: "Peter Aitken !!! Lets just say that Peter and Sarah agree with Erin too"

PB: Let's ask the Locals: Over the last ten years Oceania has averaged 14 disasters annually: cyclones, storms, floods, bushfires, earthquakes, landslides, volcanic eruptions and tsunami (ADSR_2014). On average these affect 200,000 people a year in our region and cost billions of dollars. Those nations that have experienced these disasters have suffered a loss of resources and lives but have also displayed strengths, capacity and resilience through their own culturally appropriate response. It is crucial we listen carefully to the lessons learned by locals in these disasters and capture them to help others understand what resilience can mean across the varied contexts and cultures that comprise Oceania.

JCO: The Chapter is gaining a reputation in New Zealand Health circles as an authoritative voice for Disaster and Emergency medicine. The Auckland workshops a couple of years ago, the WADEM involvement in the upcoming people in Disasters Conference, and now, WCDEM for Brisbane are all creating a strong reputation which we need to build on. I would like to see WADEM Oceania Chapter as a go to and go getting Chapter, representing both WADEM and the Disaster and Emergency Medicine Community in Oceania.

TT: I would greatly want to see in the next 5 years that WADEM Oceania Chapter is well understood by the communities of the Pacific Island Nations. That the complexity of WADEM AGENDAS are fully appreciated and programs are in place to make it viable so that WADEM facilitates all these events happening in the Pacific Island Nations.

GM: Active as a regional (Greater Oceania) source of knowledge, research and experience

sharing. Promoting and assisting with advice on emergency health issues again in the region. Sharing the above with the WADEM worldwide organisation.

CS: When a person thinks about disasters, their second thought would be 'I need to 'go-to' the WADEM Ocean Regional Chapter for information'.

Auntie: "Well that is it for today my lovelies. It has been an absolute pleasure having you join me. I must admit to being a little surprised though that young Skip and that delightful Hendro Wartartmo didn't join us this year. Hendro is such a treasure and Skip, well, if John Coleman wasn't here he would be filling my dance card. John Coleman mmmmmmm. I also didn't hear much of what Peter Aitken was saying either but If I have learnt one thing from him it isnothing."

"We are off to the bar now so Graeme can finally have his special mineral water.

Here it is darlings. Right next to that photo of Skip as a young man – from last year.

Well darn my socks with a cucumber and call me Mother Hubbard. My cupboard is bare and I only have the one bottle. Well that's OK. Just means it is bad luck for the rest of you.

Bye bye then - have a good evening and please shut the door on your way out.

Toodle pip till 2016. Auntie".

VOLUNTEERS to take part and talk about themselves in the regular coffee section are required!! Approaches to members recently have met with no response. We all want to know about our fellow members.

ASK AUNTIE

This section is an advice column where readers can submit their questions and 'Auntie' will draw on many years of experience to provide reasoned advice and counselling.

Dear Auntie,

I have been so disturbed recently to read about the rise in mental health issues in middle aged women. As a woman with a family reliant on her I do worry about them should I have a breakdown like those poor souls I am hearing about?

Also what is 'middle aged' I don't wish to divulge my age but am concerned I could fit that category.

Sincerely

Josephine

Dear Josephine

Let me start with the last question you ask. What indeed is 'middle aged'? My dear age is but a series of numbers, many in my case, but as you know numbers can be manipulated, mostly by the male of the species I've been told. Take it from me a positive attitude to life is far more important than age. Although in the case of my late husband I was obliged to frequently adjust his attitude to match my positivity.

The mental health issues you have been reading about are far more complex. I have been studying those reports coming from Christchurch in New Zealand post their series of earthquakes and yes the rise in reported mental health issues is concerning. The chief of psychiatry there has reported

that they were unprepared for, as you say, the rise in the number of middle aged women seeking help. They are folk who have found themselves drinking more, crying more, or just feel life is too hard for too long.

Josephine unfortunately this is not a surprise with all the stress on families in Christchurch, crowded conditions, uncertainty regarding home repairs and rebuilding, and money issues. My old friend Maslov says these things all compound on the strong foundation of the home. That includes us women, be we middle aged or whatever; we find after 5 years of these ongoing stressors in many cases exhaustion, anxiety even despair results. Sometimes we find that people are looking for help for the very first time even ten years later. Our little community has a long way to go.

What is important is that the good health workers in Christchurch are working hard on this, providing many means of support for all from children up to the elderly. This support is active in the community and certainly encourages people to seek help or help others to seek that help. If we can form strong community connections for all of us, we can help each other, just like the bbqs the local rotary groups are running. The entire health system is aware of the need for support and how some folk are struggling to access this. For the people of Christchurch there are telephone help lines available that are good value. I have the numbers stuck on my fridge and all my family know those numbers are there to use. All health professionals can direct those seeking help and support to the appropriate provider.

So my dear in reality your concerns about whether you are middle aged or not are really minor in the overall scheme of life; become like Auntie and celebrate because I am this age and enjoying it. Labels of middle aged and elderly are only for media reporters and editors. However don't be afraid to discuss concerns you may have with friends and your health professionals.

In Kindness,

Auntie

CALL FOR MATERIAL

Material is required for any of the sections listed, or under a new category, if that is appropriate. Personal experiences, case and research reports are especially welcome and we ask that these are limited to no more than 1,000 words. The subject matter can be aspects of a disaster or response that is unusual because of its type, location or effects. Material is welcome from WADEM members and even non-members internationally.

Any suggestions regarding material for content, or to improve this Newsletter, are welcome.

Please forward contributions to Graeme McColl at graeme.mccoll@ilsogno.info

DISCLAIMER

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