

The background of the cover features several stylized, purple-outlined hands of various sizes and orientations, appearing to hold or frame the central text. The hands are rendered in a simple, graphic style with wavy fingers.

ANNUAL REPORT 2007

**Lismore & District
Women's Health Centre Inc.**

LISMORE & DISTRICT WOMEN'S HEALTH CENTRE INC

VISION STATEMENT

We aim to provide a wholistic community based service that works actively to support the rights of all women to quality health services that are self determining.

Philosophy

Since 1987, women have run the service for women and adolescent girls in the Lismore region. We incorporate a feminist philosophy, which ensures that:

- We are committed to the right of women's voices to be heard, respected and to have their concerns taken seriously.
- We recognize that all aspects of women's lives, for example, age, cultural background, sexuality, differing abilities and financial circumstances, impact on well-being.
- We support the right of all women to clear information and assistance when making decisions about health care.
- We celebrate cultural diversity
- We support the processes of reconciliation
- We support and respect the right of women and adolescent girls to govern their sexual and reproductive lives.

Objectives

- To provide services that are free of discrimination
- To prioritise service development to meet the needs of socially isolated and disadvantaged women
- To establish collaborative partnerships in relation to service provision, advocacy, education, health promotion and research
- To have systems and protocols that ensure consumer participation
- To be an advocate for women's rights
- To employ qualified staff that maintain high standards of professional development
- A duty of care to operate within the legal and ethical requirements governing the provision of services
- To meet funding accountability guidelines

Lismore & District Women's Health Centre Inc is funded by grants administered by North Coast Area Health Services

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Council of Women.

Chairperson	Christine Russell
Treasurer	Trish Clough
Secretary	Kellie Young
	Maura Chambers
Community Members	Amber McBride
	Jan Levy
	Annabelle Keene
	Rose Roberts

Staff

Manager	Karuna Fielden
Bookkeeper	Robyn Colliss
Receptionist	Pamela Ashton
Relief Receptionist	Robyn Colliss
	Amy Gale
	Brenda O'Laughlin
Administrator	Sue Fraser
Women's Health Nurse	Andrea Brooks
Naturopath and Massage Therapist	Cindy Thummel
Generalist Counsellor	Christina Henry
Lesbian Counsellor	Anna Clark
Domestic Violence Support Counsellor	Gayle Halloran
	Kellie Young
Eating Disorders Coordinator	Mim Weber
Cleaner	Cathy Allan

Volunteers

Angela Marshall
Martina Pattison
Naturopathic students

CHAIRPERSON: Amber McBride

Women's Health NSW is an association of statewide women's health centres and specialist women's centres and functions as the peak body for its member centres. All centres are non-government, community based, feminist services that provide choices for women to determine their individual health needs. This year marked the 20th Birthday for Lismore & District Women's Health Centre (LDWHC), a marvellous achievement; I wish to send great BIG congratulations to all women involved in the hard work, dedication and passion that have kept our Lismore & District Women's Health Centre operational for all these years.

Women's health centres aim to improve the health status of women by providing a unique, holistic, woman-centered approach to primary health care. The LDWHC aims to blend medical and clinical services and a range of counselling, health promotion, education, self-help and consumer advocacy services.

The centre continued to provide an excellent naturopathic service and in partnership with the Southern Cross University final year Naturopathy students have done placements through the regular Chill Out Clinics. These clinics have provided an excellent opportunity for students as well as popular "chill out" sessions for women.

LDWHC aims to provide women with the knowledge, skills and resources to enable us to take more responsibility over factors that adversely affect our health. As well as providing an excellent clinical service, the LDWHC Women's Health Nurse has also organized health promotion opportunities such as providing information and resources for students at the university's orientation week. With the addition soon of a Young Women's Project Worker we look forward to providing more education opportunities and resource development for local young women.

LDWHC operates from a feminist perspective that links the causes of ill health in women to social factors. The success of our partnership with Northern Rivers ACON continues to provide an excellent and affordable lesbian specific counseling service. The Northern Rivers Eating Disorders Service is another example where LDWHC continues to provide an exceptional service for women who may experience ill health as a result of social factors such as stigma, discrimination and stress.

Being new to the Council of Women I have experienced working with a team of wonderful women operating the LDWHC amidst adversity. There has been a professional shift at the LDWHC that all staff can be proud of, involving maintaining quality management systems (including risk assessment and evaluation tools) and improving individual staff work plans. There is increasing pressure on community organisations to become technologically up to date as well and the centre has provided IT training for staff. The absence of a manager for a substantial time has slowed this process yet we continue to move towards an improved health care service for women, both clients and staff. We welcome our manager back and thank all the staff who operated the centre in order to keep our doors open during this time.

It is due to the staff that we now celebrate another successful year at the women health centre. Thank-you so much to everyone who has persisted with amazing efforts, long standing commitment and obvious dedication together as a passionate team of volunteers, staff and

students towards sustaining the centre. It is with this strength in mind that we can move into the future aiming for continuous improvement.

Thanks also to the fellow COWs; Trish, Maura, Kelly, Annabelle, Rose, Jan and Christine. Those of us who are to continue for the appointed two year term are looking forward to chewing the cud (constitution) and working towards our LDWHC aims.

Amber McBride
Chairperson

TREASURER'S REPORT: Robyn Colliss

This financial year commenced with a little more certainty than previous financial years due to the assurance of PHOFA funding to 30/6/08 and a continuing workers compensation claim effectively reducing wage costs.

In July 2006 our acupuncturist Suzanne Rienits resigned after 13years of committed service to the centre. It was with sadness that the decision was reached not to replace our acupuncturist, with the view to reducing the risk of future reductions in staff hours.

Being in a stronger financial position this financial year we have invested in reorganisation and refurbishment of offices, including air conditioning and office furniture, as well as improved access to computers, at a cost of around \$4500 from our general funds. Other expenditure on repairs and maintenance has been of a day to day nature and no one repair has cost over \$500.

We have continued our fundraising program and proceeds from events include the Lismore Car Boot Charity of the Day; \$530, NORPA's production of "Barmaids"; \$660 and our 20th Birthday Celebration, netting \$1260.

In this financial year there were no changes in project funding. The surplus Healthy Jarjums grant has continued to fund the Indigenous workers "Women's Circle" which will continue into the next financial year. The centre has also been successful in a submission to the Area Assistance Scheme and a grant of around \$25000 has been approved for the next two financial years. These funds will provide a two day per week Young Women's Project Officer.

At the time of writing this report it is envisaged that a small surplus this financial year will continue the rebuilding of our retained earnings. All entitlements to Long Service Leave, Annual Leave and 50% of Sick Leave have been provided for in our reserves.

Many thanks to the Council of Women for their support over this year and particularly our Treasurer Trish Clough who is currently enjoying a well deserved overseas holiday.

Robyn Colliss
Book keeper

MANAGER: Karuna Fielden.

Once again my work time over the last year was severely interrupted by complications and surgery resulting from an injury that occurred in 2005. There were 2 long periods of time off work and many months of phased back to work involving reduced hours due to additional surgery in August 2006 and March 2007. Cindy Thummel acted as Manager during some of this period and did an excellent job one day per week maintaining essential tasks. The centre continued to deliver high quality services despite these difficulties and all the staff are to be congratulated for their commitment, multi-tasking, patience and dedication during these trying times.

1. 20th ANNIVERSARY CELEBRATION

As this year was the 20th birthday for LDWHC some of the staff and volunteers formed a small birthday committee to take on the organization of a celebration. After months of work we celebrated with a memorable night on March 8th for International Women's Day. Dr. Nell Glass compiled a beautiful photo montage with musical accompaniment on a DVD. These photos highlighted workers, volunteers and projects undertaken by LDWHC over the years. We also screened the film "Women's Business," which featured Aboriginal women in the Northern Territory. The film describes the women's business of that area around menstruation, birthing and skin marriage rules. We were privileged to have those women sharing their knowledge and customs with the general public and the producer of the film, Julie Drew came from Sydney to celebrate with us.

Hundreds of women attended the night and a special tribute was given to all the workers, management committee members and volunteers who have kept LDWHC happening for 20 years. The abundant feedback was appreciative and it was great to see young women and immigrant women attending. Thanks to all of you who helped make it a great, memorable night.

2. STAFF AND MANAGEMENT

The centre has benefited from having a very committed Council of Women who met monthly and supported the centre through some tough times. A stable committed management committee is the back bone of any community organisation and we are very fortunate to have a great group of women setting directions for the centre.

Staffing arrangements remained fairly consistent over the last year although Pamela Ashton voluntarily reduced her hours as Receptionist and Robyn Collis replaced her for half a day each week, as an overall cost saving move for the centre. This has placed the centre on a bare minimum of administration support.

2.1 Volunteers

Angela Marshall continued to provide 2 days per week of her time to assist with administrative tasks and we are truly grateful for such generosity and her stylish attention to detail.

The centre's clients also benefited from assessments and treatments by the Year 4 Naturopathic students who volunteered to work in the Chill Out Clinics on Fridays. (see Naturopath and Massage Therapist's report)

3. FINANCES AND FUND RAISING

The staff, volunteers and Council of Women members again put in a huge effort as the centre held four fund raising events during the year, including collecting donations at the Lismore Car Boot Market and a major fundraiser celebration for International Women's Day.

We are very grateful to NORPA for a generous partnership arrangement with ticket sales for the production of "Barmaids" which provided a lot of laughs and enjoyment for those who attended.

Fund raising for non government organisations in a small community like Lismore is a very competitive business and calls on ingenuity and dogged perseverance. It also requires careful monitoring of the current taxation rulings for charities and relies on the strong goodwill we have in the community.

3.1 Grant applications

The centre always seeks to increase its funding base and applies for grants to address priority areas. We were successful in obtaining an Area Assistance Scheme Grant for project funding to employ a Young Women's Project Worker to provide health promotion and group education around mental health issues associated with eating disorders and abusive relationships. Recruitment for this position will begin in September 2007.

We also submitted a successful application to the Community Support and Expenditure Scheme as well as other applications to Lismore City Council's Section 356 Community Grants and the Ralph Lauren Pink Pony Fund.

4. PARTNERSHIPS

The centre was pleased to continue the successful partnership with Northern Rivers ACON, which enables LDWHC to provide a counselling service for lesbians. Anna Clark is employed for one day per week and the service continues to be well received. ACON staff are assisting the centre with the compilation of a trainer's resource manual for a Healthy Lesbians Relationships group program that is funded by a small grant from LINC.

The Lismore Women and Children's Refuge Inc have continued to provide outreach domestic violence support services one day per week for women with issues around domestic violence. Gayle Halloran, the Outreach Worker and Kellie Young have seen women for sessions on Wednesdays each week and there is strong demand for the service. LDWHC provides reception support and space for clients who benefit from easy access to other services offered at the centre.

The partnership with Southern Cross University's School of Natural Therapies has continued with the placement of students in the Chill Out Clinics.

4.1 Flagging Concerns Project

Centre staff, with the help of Jan Levy, were able to continue the work begun in 2005 when the centre was successful in obtaining a small grant from Lismore City Council's Youth Activities Fund to finance the "Flagging Concerns" Project. Rolls of colourful prayer flags were created by young women from Nimbin who designed graphics and anti violence messages. These were displayed in Lismore and Nimbin during the 16 Days of Activism highlighting the issues around violence against women.

5. WOMEN'S HEALTH NSW AND COMMUNITY NETWORKS

The centre has maintained its connection to the peak body, Women's Health NSW, and I continued as Chair of the Board, although my attendance at Board meetings was erratic due to illness. Many thanks go to Denele Crozier and the other Board and Advisory Committee members for their support. Cindy Thummel and I attended the Annual Conference in Wollongong in November and Robyn Collis, Andrea Brooks and I attended the one day Women's Health Summit held in Sydney in March that was a result of collaboration between the peak body and the Women's Health Services Coordinators employed by the NSW Department of Health across the state. The Summit was a huge success with over 400 women in attendance to hear a stimulating cross section of speakers on current women's issues.

The centre has also worked closely with the North Coast Area Health Service's (NCAHS) Women's Health Services Manager, Leonie Short and Andrea Robyn and I attended a meeting with her and staff from Coffs Harbour Women's Health Centre.

I continued as a Community Representative to North Coast Area Health Service's Health Services Development Committee but unfortunately was only able to attend one meeting due to injury.

6. OCCUPATIONAL HEALTH AND SAFETY

The centre has outgrown its physical space and any changes to schedules need careful planning. An air conditioning unit in the front office was installed this year enabling the Manger's office to be relocated to a more appropriate room.

A procedure was created in partnership with ACON around issues that arose with Needle Exchange clients accessing ACON's service via the centre's car park.

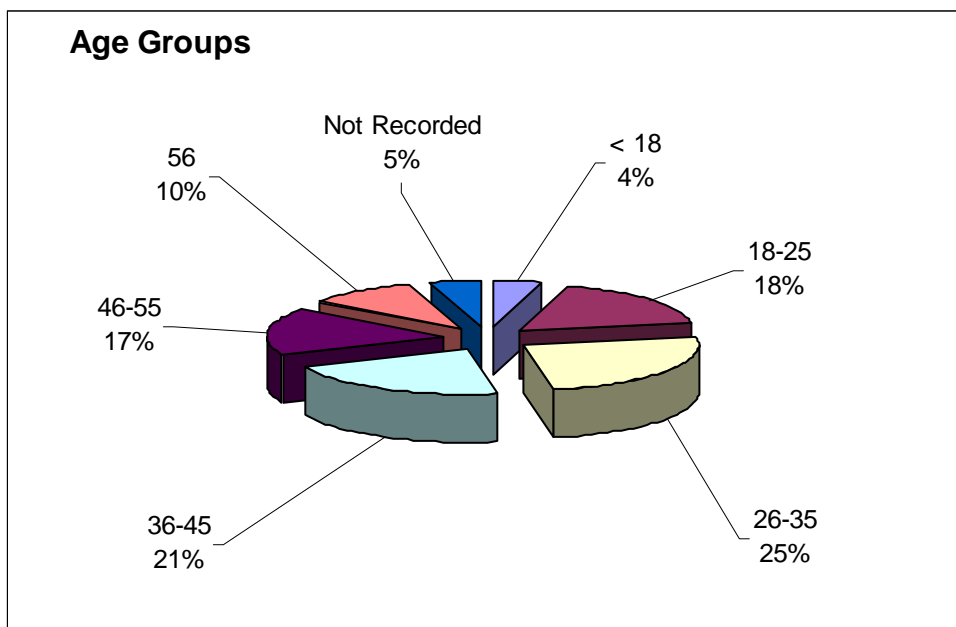
7. STRATEGIC PLANNING

The centre has tried to more closely align to its operational plans with the focus of the Northern Coast Area Health Service's Women's Health Strategic Plan 2003-2008, which highlights five strategic directions that have emerged as a focus for women's health. The following demographics illustrate the centre's service provision against these criteria.

7.1 Increase the capacity of young women to make choices that have positive health outcomes

Young women aged 18 to 25 represent 18% of the women presenting at the centre. The Pregnancy and Post Natal Support Group has continued successfully to provide weekly education, yoga instruction and support to pre and post natal women who are aged 15 to 29 years. Young women, especially HSC students and their female carers, were given top priority in the Chill Out Clinics held weekly during the university semesters. Young women were also the main target group for the Flagging Concerns Project. The successful application to the Area Assistance Scheme for funds for a Young Women's Project Worker to address issues around Eating Disorders and partner violence was the result of a focus on expanding services to young women from the centre.

Client Age Groups: June 30 2006 to June 30 2007	
< 18 years	20
18-25	82
26-35	114
36-45	96
46-55	77
56	46
Not Recorded	22
	457



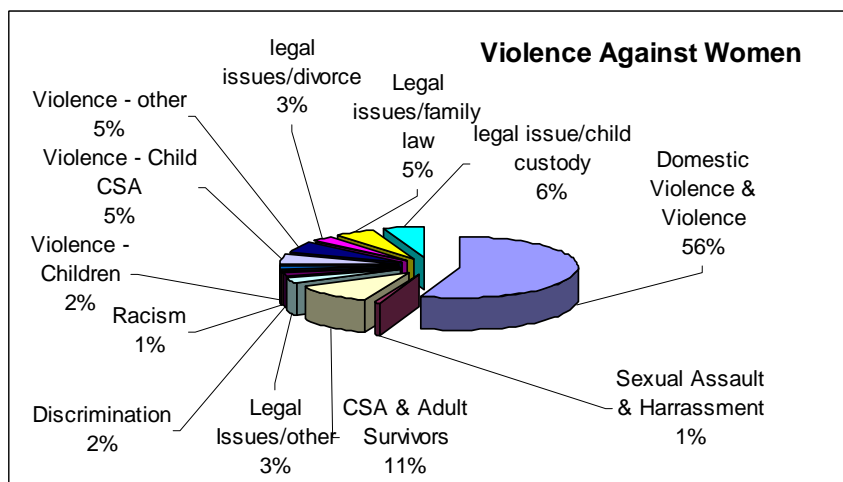
7.2 Reduce the prevalence of violence against women

The centre has continued to provide specific counselling for women affected by domestic violence through the Lismore Women and Children's Refuge's Outreach position. The centre's generalist Counsellor and other practitioners also see many women with issues around abuse, sexual assault, adult survivors of child sexual assault, sexual harassment and family violence. The following graph illustrates the issues presented.

This year LDWHC continued with the Flagging Concerns Project and once again displayed the flags in the Lismore CBD area as part of regional activities held during the 16 Days of Activism renouncing violence against women.

Centre staff assisted with the organisation and transport for Reclaim the Night and distributed resources for the Black and Blue Campaign, a state wide initiative to highlight issues around violence against women

Violence against women	
Domestic violence & violence	322
Sexual assault & harassment	5
Child sexual assault & adult survivors	63
Legal issues/other	19
Discrimination	11
Racism	5
Violence - Children	12
Violence - Child CSA	32
Violence - other	31
Legal issues/divorce	17
Legal issues/family law	32
Legal issue/child custody	33



7.3 Improve the health of Aboriginal women

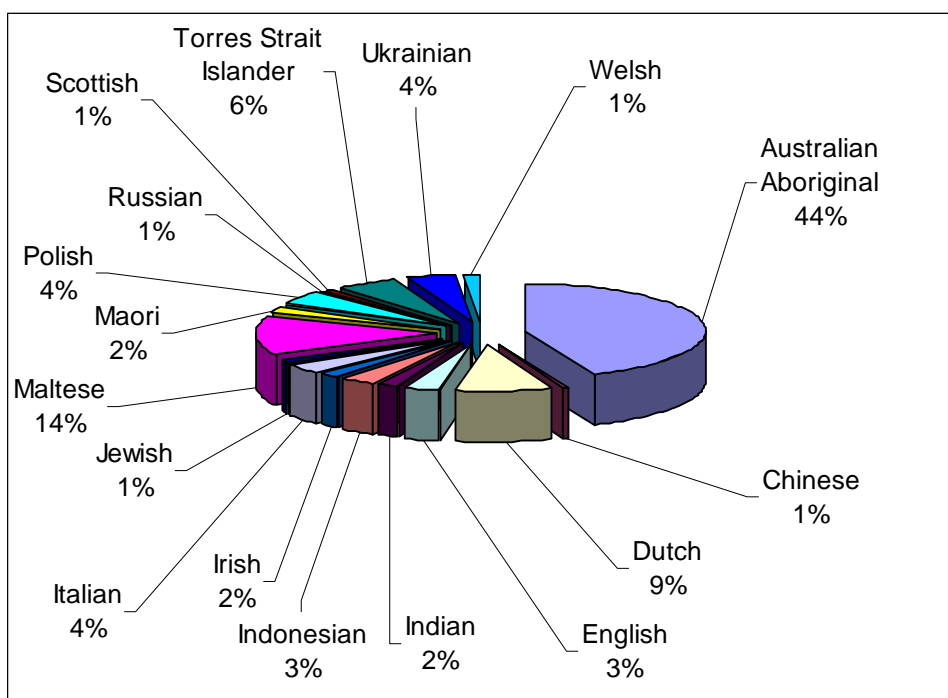
Andrea Brooks, the centre's Women's Health Nurse was approached to develop a program for residents at the Aboriginal Women's Refuge and she subsequently attended weekly for a short period. However a restructure of the refuge and changing client needs meant that it was not possible for program to continue.

Marie Makinson has continued to provide the Koori Women's Circle an ongoing monthly support group for Indigenous women who work in the health and welfare field. A small surplus from the Healthy Jarjums Project was used to facilitate this innovative project.

Often the centre's practitioners give outreach education and workshops to groups of Aboriginal women. Unfortunately workshops and group work data is not included as our data base does not yet allow us to collect statistics about group programs so figures on Aboriginal clients are not an accurate reflection of the overall numbers of ATSI women seen.

The centre's client intake form has provision for information about ethnicity or cultural background and of a total of 2707 clients seen, 2566 chose not to record these details, therefore the graphic representation of cultural identity only represents a small position of the total of women seen.

Cultural background	
Not recorded	2566
Aust Aboriginal	61
Maltese	19
Dutch	12
Indian	3
Maori	3
Polish	6
Scottish	1
Torres Strait Islander	8
Ukrainian	6
Welsh	2
Total clients seen	2711

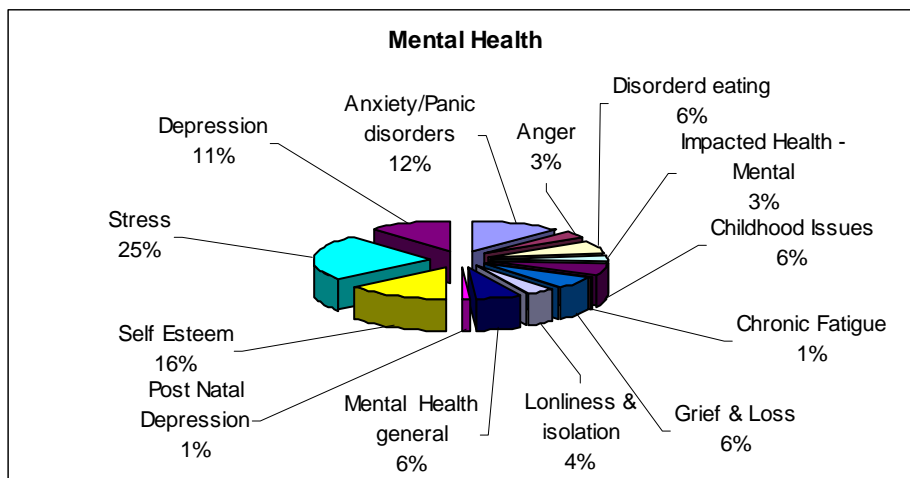


7.4 Increase support to women who are mentally and emotionally vulnerable

Mental health problems including stress, depression and anxiety/ panic disorders and self esteem continued to be presenting issues for all practitioners at the centre. Many women also present with emotional distress impacted by family issues.

The following chart represents the mental health issues presented.

Mental Health	
Anxiety/Panic disorders	362
Anger	99
Disordered eating	187
Impacted health - Mental	98
Childhood issues	182
Chronic Fatigue	23
Grief & loss	182
Loneliness & isolation	113
Mental health general	181
Post Natal Depression	27
Self esteem	429
Stress	701
Depression	332



7.5 Reduce inequities in access to health services for women

The majority of clients seen at the centre have a health care card, or are on a low income. The centre provides interpreters for deaf clients when needed, uses telephone language interpreters, and aims to be culturally appropriate and welcoming to Aboriginal women and women from other cultures.

The centre has continued to publish a bi-monthly newsletter, The Women’s Irregular Periodical, for clients and other service providers which updates women on what is happening at the centre and provides information about other health issues. LDWHC has also provided monthly articles to the Northern Star on a variety of women’s health issues including stress management, support services for pregnant women and eating disorders.

The centre supports women who act as carers for family members with disabilities and also assists homeless women with letters of support and liaison with appropriate agencies.

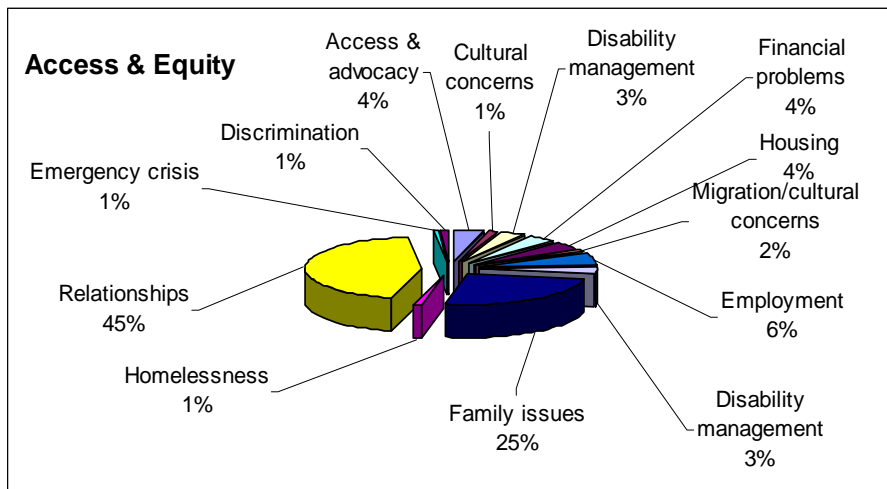
The centre also provides child care through the Gingerbread House Occasional Child Care Centre for women who have under school age children and need care when they have appointments or attend programs at the centre. LDWHC practitioners often provide telephone services for women who are unable to travel to the centre for appointments due to transport problems and poverty.

Wherever possible the centre has provided outreach to women in rural areas but this is difficult because it takes practitioners out of clinical services and the centre relies on client fees to maintain its current level of service.

Constraints with the current premises continue to prevent the centre from being accessible for women with disabilities, some elderly women and also create difficulties with women who have infants in strollers. However the centre is ideally located in terms of transport and accessibility.

Access & Equity

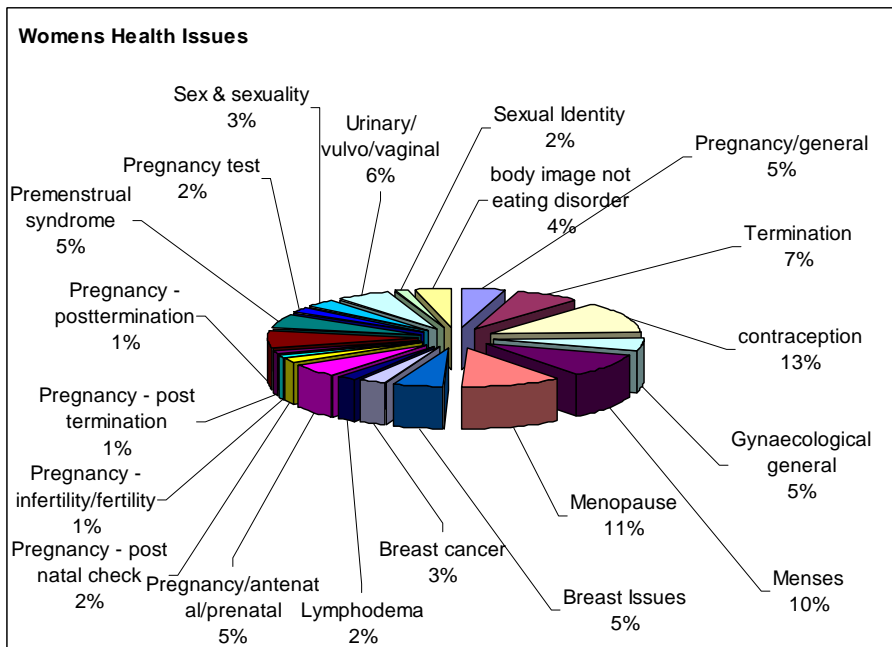
Access & advocacy	49
Cultural concerns	16
Disability management	42
Financial problems	48
Housing	46
Migration/cultural concerns	20
Employment	75
Disability management	42
Family issues	307
Homelessness	11
Relationships	533
Emergency crisis	13
Discrimination	12



7.6 Women's general and reproductive health

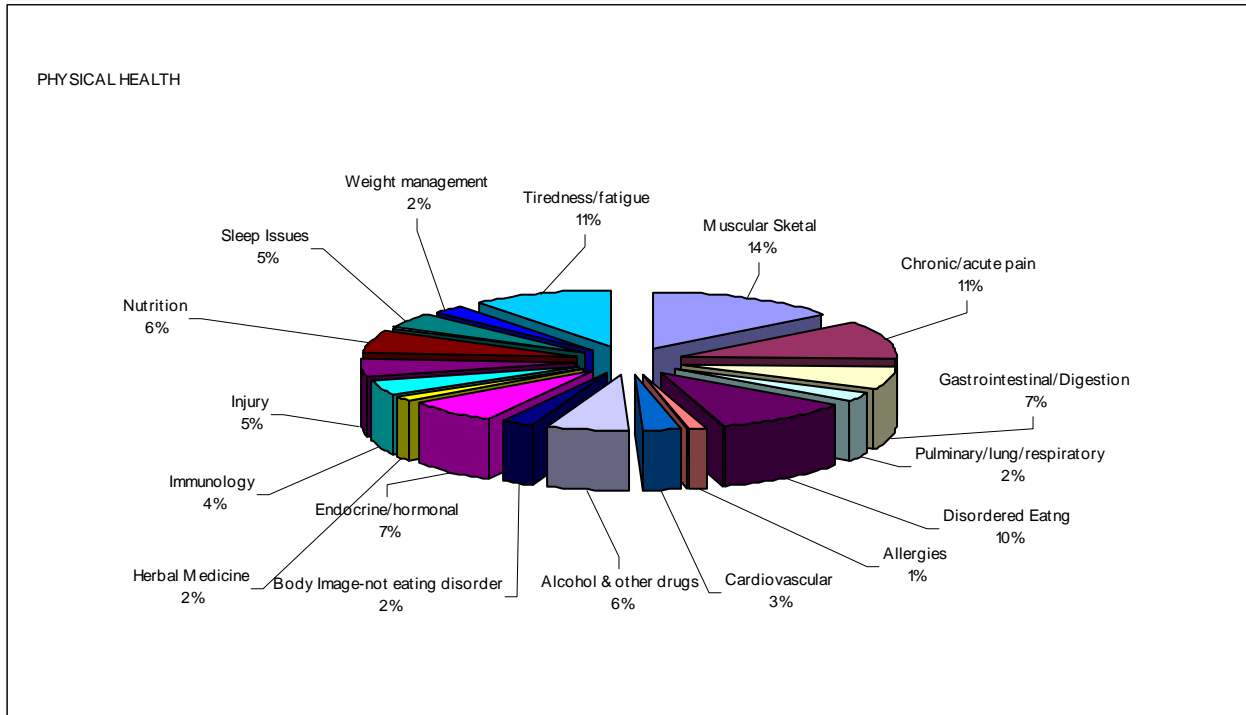
Women who presented with issues around menstruation, menopause, pregnancy, fertility, contraception, breast health and the need for termination advice were seen by the Women's Health Nurse, or the Naturopath. Many women present at the centre with a number of complex health concerns. Often women are under the direction of their medical doctor or specialist and these medical practitioners often work together with the LDWHC practitioners. It is not unusual for a woman to present with more than 5 physical problems other than gynecological issues.

General & reproductive health	
Pregnancy/general	56
Termination	82
contraception	151
Gynecological general	64
Menses	117
Menopause	128
Breast Issues	61
Breast cancer	36
Lymphedema	25
Pregnancy/antenatal/prenatal	64
Pregnancy - post natal check	21
Pregnancy - infertility/fertility	16
Pregnancy - post termination	16
Pregnancy - termination	82
Premenstrual syndrome	64
Pregnancy test	26
Sex & sexuality	41
Urinary/vulva/vaginal	68
Sexual Identity	18
body image not eating disorder	45



7.7 Physical health

As can be seen in the following diagram women come to the centre with a range of physical problems and these include presentations to the Naturopath with muscular skeletal problems, chronic and acute pain, hormonal imbalances and tiredness and fatigue. Problems with alcohol and other drugs and eating disorders are also high presentations.



Physical health	
Muscular Skeletal	262
Chronic/acute pain	203
Gastrointestinal/Digestion	125
Pulmonary/lung/respiratory	45
Disordered Eating	187
Allergies	25
Cardiovascular	50
Alcohol & other drugs	113
Body Image-not eating disorder	45
Endocrine/hormonal	125
Herbal Medicine	32
Immunology	81
Injury	90
Nutrition	109
Sleep Issues	88
Weight management	45
Tiredness/fatigue	192

RECEPTION: Pamela Ashton

This past financial year had many disruptions and inconsistent co-ordination as the Manager was away for half of it while recovering from injury. The staff all pulled together and supported each other and the nominated relief Manager.

The workload at reception fluctuates and is unpredictable but is always constant. Reception has been included in the data collection for the past 4 months so, in future, there will be accurate statistics to reflect the services provided at reception.

Changes to work days

My position saw a few changes with my working days changed as the centre closed on Wednesdays from March and I commenced work with the Chill Out program on Fridays. My current hours with Women's Health Centre are 49 per fortnight (3½ days a week) and I really enjoy the diversity these changes have brought to my work.

Volunteers and relief staff

I would like to thank Angela Marshall who assisted me throughout the year as a volunteer on reception and with administrative duties. Angela came regularly for 2 mornings each week.

I trained two relief receptionists, Amy Gale and Brenda O'Loughlin who are both multi-skilled and compassionate women. I want to particularly thank Amy for filling in while I was on leave when my Mum was ill.

Administration of the Women's Crisis Fund and Escape Fund

One of the most satisfying aspects of my role at the Women's Health Centre is co-ordinating the administration of the Women's Crisis Fund and the Escape Fund. These Funds are both sustained by small donations within the community and by fund raising. The Crisis Fund allows limited loans to be made available to women for part of, or all of the cost of a termination, if they are financially disadvantaged. The Escape Fund assists women fleeing domestic violence. Throughout the year these funds assisted 33 women and a significant number of these girls and women were Aboriginal.

Professional Development and supervision

I have been privileged to have had supervision with Gayle Halloran and Lisa Gardiner which I find helpful.

I participated in computer training with Shannon Rees and I renewed my First Aid Certificate in June. I really enjoyed a half day forum organised by the North Coast Area Health Women's Health Services Manager at Coraki with other women's health workers from Port Macquarie to the border. I was re-inspired by all the committed workers and fabulous projects.

Advocacy and activism

I wrote a Press Release at the time of the launch of the Federal Government's Pregnancy Helpline which highlighted the agencies where women could get real choice regarding their options if they had an unplanned pregnancy.

I wrote an article which was published in the "Northern Star" about Reclaim the Night and I also co-ordinated a convoy of community buses to take people from Lismore to the Reclaim the

Night activities and celebrations in Byron Bay, Lismore Family Support Network, Community Transport, Women Up North and the Lismore Women's and Children's Refuge all loaned their buses, without hesitation, for the night. It all came together despite rainy and overcast weather and there was a great feeling of solidarity throughout the evening.

I assisted with the organization of the "Flagging Concerns Project" which we ran for the second year. Thanks must go to Jan Levy for distributing and helping with the hanging of the flags.

Having worked at the Centre since its establishment it was a highlight of my year to be involved in the 20th birthday celebrations at the Star Court Theatre on International Women's Day. It was an occasion when women showed their appreciation for our 20 years of service to the Far North Coast community. Special tribute must be given to Nel Glass and Kierrynn Davis whose contributions were instrumental in making it such a great success and a memorable occasion and it has also given us for antiquity a DVD depicting the life of the centre.

Other activities I was involved in were co-coordinating the Charity of the Day at the Lismore Carboot market. I also helped to organise the "Light, Stills and Emotion" photographic exhibition and I assisted with the promotion and tickets sales for the "Barmaids" fundraiser production.

My work continues to stimulate, inspire and satisfy me.

Pamela Ashton
Receptionist

WOMEN'S HEALTH NURSE: Andrea Brooks

I enjoy my work with the differing elements of clinical consultations, group work, outreach education and health promotion. This in combination with networking and some social action makes for a satisfying and interesting job. I work with a great team of committed women for 14 hours per week.

Pregnancy and Postnatal group

This group is now into its 5th year, and continues strongly. It is an open weekly group, comprised of a yoga class, followed by a facilitated group session based on a three month program which I develop. We have guest speakers on a wide range of topics.

The group is much needed in the community, as it enables women to focus on their pregnancy and their baby, and to develop strong networks. The women are grateful for the ongoing support and education. Our numbers have increased on last year, with **632** women attending the **47** group sessions, an average of **13** each week.

Recently a young woman wrote on her prenatal questionnaire -

"It is a fantastic group that has an amazing ability to feel as a completely safe space. Thank you."

Other group work and education:

- I have been invited each year by one of the teachers at Trinity College to provide education sessions on contraception, safe sex and safe partying, and preparation for parenthood. This year I presented to Years 9, 11 and 12 on three separate occasions.
- Kyogle High School invited me to participate in their Year 8 Girls Education Day. Other local service providers also participated and the 27 girls gave positive feedback on the sessions which I co-presented with the Kyogle Community Health Social Worker, Sue Bryant
- At the Mummulgum P&C Ladies Day I presented on services for women, and on cervical and breast screening. There were around 50 women present.
- I organised a health promotion stall at Southern Cross University "O" Week, which we shared with ACON and SHAIDS services.

Clinical

The demand for clinical appointments for my practice fluctuates, but I am glad to be able to provide even a limited number of appointments to women. Over the year there were **46** clinic days. I saw **118** clients face to face, and had **155** phone consults/ contacts. There were **19** cancellations, and **27** 'fail to attends'.

We have a close working relationship with Lismore Family Planning, and it is beneficial that I also work there two days per week as both services complement each other.

Clients at the centre are pleased that I am able to spend time with them around very complex issues to do with decision making on pregnancy choices. It is very important that we can provide sufficient time for women to explore difficult decisions in a safe and supportive environment.

Another related issue has resurfaced recently. I find that some women are confused about the difference between the Emergency Contraceptive Pill (which does not cause abortion), and the so-called "Abortion Pill" (RU486). Women believe that RU486 should now be available as an option for termination of pregnancy. It remains a complex political, medical and legal issue so I co-authored an article for The Northern Star in order to clarify these issues.

I also see many women one to one, for education and support with their pregnancy and early parenting. I enjoy this work, as it allows me to use some of my skills as a midwife. Women need to be validated in their role as mothers, and I see this as an important part of my role. Many people have moved to this area from elsewhere and don't have the support of their families during pregnancy and more especially parenting. This creates an extra burden on women.

Training and professional development

- In June I participated in a 2 day workshop entitled "Competent Responses to Aboriginal Sexual and Family Violence" provided by the Educational Centre Against Violence (ECAV). The facilitators and content were excellent, and I gained a greater understanding of the history and problems of Aboriginal peoples.
- I completed a two day Senior First Aid course, so that we have a trained person to provide first aid each day that our centre is open.
- Along with Karuna and Robyn, I went to the Women's Health Summit in Sydney organised by Women's Health NSW. It was interesting and inspirational. Thank you to our NCAHS Women's Health Services Manager, Leonie Short for supporting us to get there.

Other activities

- In August I organised the opening of a touring exhibition of young women's photographic representations of relationships titled "Lights, Stills, Emotion", a project that traveled around the state, organized by Leichardt Women's Health Centre. Lismore Library provided the venue and refreshments; the poetry and music interludes were all appreciated.
- Our 20th Birthday Celebration / International Women's Day event in March was very enjoyable and successful. I enjoyed working with our organising committee. It even turned out to be a good fundraiser for our centre.
- We are continuing to provide articles to the Northern Star on a range of issues affecting women, and I am coordinating this with Karuna, and occasionally submitting.
- I attend regular professional supervision with Dr. Nel Glass, and find it both supportive and challenging.
- I conducted a small client survey, and all the women surveyed were very satisfied with the information and treatment they received. The survey confirmed that our client base is economically disadvantaged – 90% earned less than \$15,000 p.a., and of these women half earned less than \$5,000 p.a. Some comments from the survey include -:

"The Women's Health Centre is a wonderful and valuable resource in our community."
"I prefer women based health care for familiarity and expertise."

Andrea Brooks
Women's Health Nurse

NATUROPATH AND MASSAGE THERAPIST: Cindy Thummel

Massage and Naturopathic Consultations

The challenge of being a Naturopath in a service like ours is unique. Not only have my client's presenting conditions varied, but many have presented with 6 -14 health issues in any one hour session. This year I had approximately 300 clients who came to me for a one hour Naturopathic session. In these sessions women were given a health assessment and offered nutritional advice, herbal medicine, massage for relaxation, therapeutic massage, flower essences and emotional support. Each session costs them between \$25.00- \$45.00 with herbal remedies at additional cost.

Currently my bookings are 4 weeks ahead but I do feel I can provide fair and speedy access to most clients. I also had approximately 91 telephone contacts with current clients to discuss their treatments. I also answered health queries from women who rang needing Naturopathic advice.

Some of the presenting issues in 2007 have included chronic pain, head injury recovery, menstrual pain, depression, lung infections, gastric infections, chronic headaches, auto immune disorders, dermatological diseases, menopause, lymphedema and breast cancer recovery.

Some clients are currently dealing with very emotionally charged issues around grief and loss, mental health, child custody, divorce, living with family members with addictions and recovering from domestic violence and violent relationships. Others are facing the ongoing stress of caring for aged parents or family members with disabilities. Through these consultations I have also helped many women to understand how their body functions.

With some clients I have worked with their doctors to encourage their continued use of allopathic medications. Two of my clients were suicidal and I am relieved to say they have decided that is no longer an option and are progressing well. Clients have reported improvements in fibromyalgia, Meniere's disease, insomnia, anxiety, anger management, fatigue, hypoglycemia, mobility and reduction in chronic pain.

One woman reported feeling that instead of being on a scale of 10/10 level for extreme anxiety she is now at more comfortable 3/10. It was a delight to offer a young woman with disabilities her first experience with massage. Some clients return to me for continued help with their chronic illness but most of my work entails keeping people well and out of the hospital system. All this proves how Naturopaths are a great government investment.

Referrals

This year one quarter of my clients were either referred by other practitioners or were given a referral to other practitioners. These referrals enable me to integrate with the primary health care system and local community care. Several of my referrals this year have come from Judith Long, counsellor with the Family Care Unit at St. Vincent's Hospital. These clients have been diagnosed with post natal depression and are recovering quickly since taking herbal medicines, flower essences coupled with lots of LDWHC nurturing and ongoing counselling.

I have seen clients referred by Centrelink staff, the Northern Rivers Eating Disorders Service, Women Up North housing program and the social worker at a local hospital.

I have given numerous referrals to the Post Natal Depression Unit, local GPs, Women's Health Matters, assorted chiropractors, body workers, Interrelate counsellors, self help groups and our LDWHC practitioners. As I am seeing more and more women with breast cancer, pre and post surgery, I am liaising with Sue Hutton, Breast Care Nurse at Lismore Base Hospital and Dr. Austin Curtin, specialist surgeon.

I prefer to work as part of a team with other modalities. I find by including flower remedies, herbal tonics, diet changes and massage in a treatment plan the clients achieve better health outcomes. I have seen that part of my role is to fill the gaps in care for many services.

Group Work

Group work is always a passion of mine, as it is one of the ways I can promote health and wellbeing in the community. This year I have spoken to several local groups who have focused on post natal depression and general women's health issues. One session was held in Ballina where I gave a presentation at the Goorie Women's Health Information Day. We discussed a range of health issues mostly answering their questions about natural remedies and supplements, menopause and insulin imbalance. Another group was with the Koori mothers group at Goonellabah Community Health. We yarned about several topics including morning sickness, food cravings, calcium supplements, healthy diets for babies and iron supplements.

For a few months I offered peer support with Beth Walker who was the volunteer Naturopath with ACON.

I managed to complete a few brochures for the centre on natural remedies for period pain and morning sickness. I also contributed to our regular column in the Northern Star, and some of these articles were written in conjunction with my student practitioners from Southern Cross University. These articles included Herbs for Stress and Light Healthy Eating after the Holidays and one about lymphatic massage and its benefits. This article has also been sent to the Victorian Lymphedema Association and to Sue Hutton, who presented the article to her Breast Care support group in Ballina and put it in her regional newsletter.

Supervision

I have found supervision to be of great benefit as it has enabled me to avoid 'burn out' especially following emergency and crisis situations. Supervision has helped me to process vicarious trauma which I experience while working with some of my clients. Supervision helps to train me in techniques for motivation and to assist in client compliance on a health program.

Staff Representative

For part of this year I have taken on the role of staff representative to the Council of Women and I share this role with Robyn Colliss. Being the staff rep involves my attendance at monthly Council of Women meetings, where I present any issues or complaints from staff. A special thank you goes to management for their dedication to women.

Relief Manager

For a few months this year I was Acting LDWHC Manager for one day per week while Karuna was away on sick leave. During this time my duties included answering Karuna's mountains of emails and attending meetings with other community partners. I instigated LDWHC's participation in the Green energy program through Country Energy. I also compiled the 2006 LDWHC Annual Report and organized the 2006 AGM. Other duties included coordinating and supporting staff.

Other Grant applications

Jan Levy, Karuna and I prepared a grant application for the Ralph Polo Lauren Pink Pony grant to offer breast cancer recovery women sessions at LDWHC. Unfortunately the grant was unsuccessful however we will endeavor to apply again to other funding bodies.

Chill Out Clinics

LDWHC, in conjunction with Southern Cross University conducted the Chill Out Clinics for the 7th year. This clinic offered low cost Naturopathic sessions every Friday. The year 4 Naturopathic students from the university conducted the clinics under my full supervision. Over the years, 45 Naturopathic students have used our Chill Out Clinics to fulfil their clinic hours but also to experience working within a women's health centre. Priority was given to HSC students and their primary female carers, women recovering from cancer, pre and post natal women, women with drug or alcohol addictions, women suffering with depression or anxiety, Aboriginal women, women with low incomes and women experiencing domestic violence.

The clinics were very busy with students conducting approximately 226 consultations. Their clients ranged in age between 15-86 years of age. Chill Out received many referrals from our counsellors, the Post Natal Depression Unit, Area Mental Health doctors, local high school advisors, Lismore Hospital Breast Care Nurse and the Lismore Women's and Children's Refuge.

They have had superb results. One woman was referred by her doctor for low energy, lack of motivation, haemochromatosis and extreme fluid retention. After her assessment and two consults she is now looking remarkable and 'glowing' with energy. She is very pleased and her haematocrit and liver enzymes are normalizing.

Another client was getting headaches 3 times per week and since taking her herbs and implementing the suggested diet, she now has very few headaches in a month. Her condition continues to improve.

Dr. Beth Vockler, of Community Mental Health told me, "Chill Out was the best thing that ever happened" for her clients. "It is just what they need", a bit of nurturing, kindness, listening and time to look at their health issues aside from being seen only as a 'mental health' client.

I take each group of students for visits to other health services in our immediate area. Through this contact the students became familiar with the work of Breast Screening, Interrelate, Family Support, Aboriginal Health Service, Sexual Assault Service, ACON, Community Mental Health and SHAIDS. This year some of the students were also given a tour of the Lismore Women's and Children's Refuge. All the students were very appreciative of the opportunity to interact with our diverse range of clients and with other service providers.

To promote Chill Out I contacted the Year 12 Advisors at Lismore High School, Kadina High School and Richmond River High Schools and spoke to them about the clinics and our service in general. They were amazed at the affordable and comprehensive service we offered.

I attended the regular Clinic Supervisors meetings at Southern Cross University. This is a good opportunity to meet the other SCU supervisors and air concerns about the students or the program. Each year there are new staff at SCU and with our participation they are becoming familiar with the centre. Students complete a 6 week placement and I report to the university on the progress of each student. My fellow supervisors at the University Clinic commented that when the students completed their shifts at LDWHC they seem to have matured. They said that the students had acquired a more professional approach to their work, were more confident and were better able to manage their time.

This year I have had Pam Ashton as our Chill Out Receptionist. With Fridays often being the day for crisis calls and emergency drop-ins I wonder how I ever managed without her help. It is great to have her working along side me so the students can learn from Pam's wealth of knowledge.

Many thanks also to Martina Pattison, local Naturopath who volunteered to assist me with Chill Out supervision once a month. The students appreciated having her input on their treatment plans. We also appreciate the facial massages that Lydia Connelly provided as a volunteer for a few weeks.

Wholistic Pulsing

In the final month of this year Rose Roberts joined our Friday Chill Out Clinics. Rose volunteered to offer Wholistic Pulsing to our clients. This is a gentle and non confrontational body work which relaxes subconscious tension and energy blocks in the body. Rose's clients were referred from within the service and self referred. One client who was suffering severe anxiety remarked how she found Rose to have a 'special gift' and sensitivity. She and another client with anxiety have found the pulsing has helped to make a significant difference in their lives. Rose had given sessions to our Naturopathic students to help with their tension levels and introduce them to this powerful form of healing.

Professional Development

Staff development trainings this year included my participation in two Mediherb In Contact telephone conferences. These covered natural management of polycystic ovarian disease, fibroids and endometriosis. I presented a brief outline of these trainings to staff at our clinicians meeting this month.

I also attended the training for staff on Complaints by the Australian Complaints Commission. This has helped me understand how to guide clients through the complaints process and have realistic expectations of the outcomes.

Other trainings included a session on the new Shared Parenting Agreements and a talk at the SCU by a Naturopathic Midwife from Bastyr University in Canada. The differences between our two countries and how they regard Naturopaths is significant. In Canada a Naturopathic session can be claimed on their health system (Medicare) or any insurance similar to doctors is in Australia.

In November I attended my first Women's Health NSW Conference in Wollongong. It was excellent to meet another Naturopath who works with the Leichhardt Women's Health Centre and so many other dynamic, vibrant women because they were very inspiring.

I was also fortunate to also attend the Women's Health Forum at Coraki, which was fantastic. I enjoyed hearing about the innovative programs other health professionals are doing but also to see that LDWHC is doing so much on so little that we inspire other health professionals. I also attended the in house working day where we received training on writing submissions.

Committees

After seeing the success of the domestic violence awareness campaign in the USA, I am part of the LDWHC committee to kick off the Cut It Out Campaign which aims to reduce domestic violence in our community by accessing the help of local hairdressers.

Cindy Thummel
Naturopath

GENERALIST COUNSELLOR and EATING PROBLEMS COUNSELLOR: Christina Henry

I completed my back to work plan developed to deal with recovery from a long illness and made the transition to full counselling hours during September. From July I continued with a job sharing arrangement with the Locum Counsellor, Marie Makinson who counselled one day per week during July, August and early September. Marie deserves a big thank you for holding the counselling service together so well during my absence from work and the gradual resuming of my counselling hours. It is great to be looking back now, realizing that nearly a year has passed during which I have felt on top of my health and able to enjoy my counselling role with the wonderful range of women I see. Thanks also to our Manager, Karuna and to my colleagues for being so supportive around my return to work and making that a successful process. I am both proud and thankful to be part of such a dedicated, hardworking, nurturing and fun team of women here at LDWHC.

I find my job enormously fulfilling, very demanding and occasionally overwhelming! Having our Manager back on board in a consistent way during 2007 has been very stabilizing and has kept stress levels more manageable. It has been really heartening to have a focus on funding applications and to experience successful results with the winning of an important project addressing Domestic Violence and Eating Problems, to be delivered to young women in the region. Instead of struggling we now have more potential for the expansion rather than diminishment of services.

Generalist Counselling

I provided 322 sessions of counselling to women attending the centre, Locum Marie Makinson had 37 client sessions and Intern Counsellor Anna Watson gave 9 sessions to clients during June 2007.

I deal with a lot of sexual assault (SA) and survivors of child sexual assault (CSA) counselling and as a result of extensive training over many years I use a clear framework for exploration. The first and extremely important stage is to look at the timing of counselling; for example if a student is approaching a period of exams, we discuss whether counselling is going to reduce stress, be manageable or possibly increase stress to overwhelming levels. We can then create safe boundaries and a support system before proceeding to exploration of the coping strategies used to survive the trauma, impact of the trauma, remembrance and mourning, key areas of experience, and the recovery process.

Several clients stayed in ongoing counselling for longer than usual because of Domestic Violence (DV). It is a complex area and the consequences of becoming empowered are often huge; separation or divorce, financial hardships, employment and family law issues. Rebuilding self esteem and having ongoing support can often make a big difference to a client's success in dealing with the latter.

I often recommend that clients experiencing a lot of stress try to improve their health by having health check ups and by seeing our Nurse, our Naturopath/Masseuse or attending the Chill Out Clinic. This is often very helpful in building their personal strength and resilience and in making self care more important. It is also great for team work and for a holistic and case management approach to the delivery of clinical services in our centre.

Over-responsibility within partnership and family life is a key issue for a number of my clients. Some aspects of this problem relate to the traditional socio-cultural expectations of women and "do it all-super woman" perspectives. However because I deal with so many single parents I have looked at how the consumerism of our 21st century life has invaded the

relationship area, bringing many of the aspects we relate to, down to products and services. Commitment in relationships is under pressure from ideas that "there is more and better" on offer everywhere you look, that the competition is great and presentation is everything. No wonder many women I see who are on their own with children or in an older age group, feel a lot of strain in regard to their desire to share the responsibilities of life and enjoy a loving, lasting relationship.

This year I also felt challenged in regard to my flexibility and ability to counsel women with disabilities like brain injury. I have successfully experimented with art based activities and sand play and found that these women seem to like using kinesthetic and visual sensory mediums and the use of symbolism.

Creative and experiential approaches to clinical work like Sandplay and Voice Dialogue remain my passion and I have started to do some dream work with women from a processing rather than interpretive stance and that has worked well. I also like to offer more practical approaches to counselling like Cognitive Behavioral Therapy and Resource building to create a balanced and holistic framework for counselling that fits with our feminist philosophy.

Eating Problems Counselling

I completed the in house study hours allocated for specialisation in Eating Problems (EP) counselling at the end of August, which involved 5 months of reading and researching relevant literature, summarizing important and key aspects of EP counselling and creating a range of resources for clients and their families. I really enjoyed the depth of knowledge and new perspectives gained from this study and feel committed to continuing professional development in this area.

Along with Mim Weber, Coordinator of our Northern Rivers Eating Disorder Service (NREDS) I traveled to Adelaide in October 2006 and attended training in a Narrative approach to Eating problems, followed by a conference run by the Australian and New Zealand Academy for Eating Disorders. I gained more skills and understanding about using the language and approach of Narrative, particularly with Anorexia and Bulimia, from the training with David Epston, one of the founders of Narrative counselling. I valued insights from talking to a woman who is battling Anorexia who told me that eating problems actually protected her from suicidal feelings and gave her a focus away from the tragedy unfolding in her life at the time. This was an alternative view to seeing Anorexia only as an enemy. I made some good connections with and developed more understanding of other services in the area of eating problems and was inspired to take another large step in commitment to fighting the distress and socio-political issues involved in working with clients with these problems.

In working with clients with eating problems I have also found a significant proportion have other major issues including family of origin, domestic violence, sexual assault, child custody issues or mental health problems.

The EP counselling service deals with more severe EP like Bulimia, Anorexia and Binge/Starve cycles or Binge eating. Counselling is also available for anyone who experiences any difficulties around their eating patterns as it can be useful to prevent problems from becoming chronic.

Supervision and Professional Development

In some of my supervision during the year I focused on case studies and Sandplay and I gained insight into how Sandplay, used at or close to the beginning of work with a client, can indicate areas of the client's life that they need to focus on during the counselling process.

Some clients are very clear about what they want to work with in their lives, whilst others are unsure.

In September I attended a workshop run by Women's Legal Services NSW, on new legislation and changes to family law particularly in regard to custody and access issues and the establishment of family centres. I found it very relevant to my work as I regularly support women who have separated from their partners and are trying to deal with issues around sharing parenting responsibilities.

I also had one to one computer training to update my skill for the administrative aspects of running the counselling service and that was very useful.

Other activities

In October, I wrote an article for the Northern Star on the international campaign 16 days of activism against gender violence, which commenced in November.

I enjoyed helping out decorating and managing ticket sales at the door for our 20th Birthday Celebration and International Women's Day at the Star Court Arcade. I was amazed at the number of women who have been involved in LDWHC when we congregated on the stage for the cutting of the cake. Remarkable! Congratulations and thank you to the Committee who developed such a wonderful program for our celebration and to Pam for being there since the inception of LDWHC.

Christina Henry
Counsellor

ABORIGINAL WOMEN'S CIRCLE Marie Makinson

1 BACKGROUND

The decision to instigate an Aboriginal Women Workers Circle that met on a monthly basis was made in May 2006 as a result of a series of discussions between me and local Aboriginal women workers. Since then with the exception of holidays the circle has been meeting on the first Wednesday of the month at the Child and Family Health Centre in Goonellabah.

The circle is open to all Aboriginal women workers and provides a place to share ideas and experience as well as discuss in depth some of the challenges that work presents. Each circle is different depending on who is present on the day. The discussion arises spontaneously not from a set agenda.

From the beginning my role has been defined as facilitator of the circle. In reality this means that I do the publicity and organising both of the venue and a healthy morning tea/lunch for those who attend. Additionally, I function as a liaison worker for LDWHC and discuss any problems that the women and their clients have in accessing the centre's services.

2 A SLOW AND STEADY EVOLUTION

The nature of this project has been to let it evolve slowly over time. This gradual building is in step with traditional protocols and gives the space for the women who come to find their own direction within the containment that the circle offers.

There are a core group of regulars who attend most months and there is an ever widening group of women who have attended less frequently. My sense at the time of writing this report is that the circle is about to move to a different level in terms of the women's vision of what the circle can become for them. My sense is also that the women have valued the lack of pressure away from a work environment that is often characterised by rapidly changing ideas and priorities.

3 WEAVING WORKSHOP

Collectively we decided to have a weaving workshop in December as our end of year event. We held the workshop at The Channon Oval. The early morning was rainy and I was a bit concerned that our efforts would be hampered by the weather but thankfully it fined up and we were able to sit outside under the trees in the traditional way.

The day was attended by seven women altogether. Moksha who learned her weaving skills from traditional weavers in Arnhem Land was our workshop leader and an excellent teacher. She brought a large selection of natural materials: grasses and leaves that she prepared herself and explained how we might also prepare our own materials. We all learned some basic skills and it is possible to build on these because Moksha runs a weaving circle in Nimbin that meets weekly and is open to any interested women.

The day was both interesting and relaxing as well as being excellent for yarnning and networking. We were able to use the barbecues at the Oval and cooked up a delicious lunch to share. It felt like a really great way to finish off our year together.

4 MINI STRESS WORKSHOP

In the June circle this year I personally took a much more directive role as I was asked by the group to facilitate a workshop on stress. This request arose out of a series of discussions that had been going on in the circle for some time about difficult work situations.

There was an unusually positive response to the advertising of the workshop and before the event there were eleven people who had confirmed bookings. Unfortunately on the day the weather was terrible. It rained very heavily for all morning. Probably mainly due to this only six people attended. However the response indicates that there is a real interest in the topic.

The first process was about identifying the effects of stress. This was conducted as a brainstorming exercise which provoked some interesting discussion. The group was able to effectively delineate the contours of stress from their own experience thus filling out the general knowledge and awareness of the group. This first process led to a deeper discussion of the hidden causes of stress. We also worked with a useful model for identifying different levels of stress and accessing our potential for controlling it. We finished the first session with a stress reducing breathing technique.

The second session drew on the group experiences of managing stress in their own lives. Again the sharing of ideas and priorities proved to be very fruitful and led to a deeper discussion of how this knowledge could be used to help clients and communities. There was also a very interesting discussion about counselling and therapy; issues for indigenous women as well as availability and other factors. The women in the group shared their considerable knowledge and experience of beneficial and healing therapies that they could access in order to keep themselves well and able to cope with the emotional pressure of their work.

A strong theme that emerged from the second session was the importance of creativity and the women decided that they would like to include more creative processes in the circle. We are continuing with this theme in mind.

Although the initial circles were small they were worthwhile events with some deep sharing taking place. The feedback was very positive and I built up the project with more one to one contact with individual women. I am confident that as the relationships between the participants develop, the project will become more established and fulfill its potential. The circle is held each month and is to be reviewed at the end of the financial year.

The project continued to gain strength with monthly circles through till November and finishing with a special one off weaving workshop in December. There was a core group of four women apart from myself that attended regularly and in November two more women came and were welcomed into the group. They were very enthusiastic about coming and keen to build the circle into their work timetable. Their attendance at the circle was especially timely because the core members had begun to express a desire to increase the attendance. I felt that this was partly to do with a feeling of confidence in the process that had resulted in the core group developing trust and supportive relationships. I took the opportunity at a large indigenous event to publicise the circle. The circle that the new women came along to was particularly impressive in the depth and nature of the sharing.

5 PROGRESS OF THE GROUP IN 2007

There was a break for two and a half months because I was away in London. Since the recommencement of the circle in April there have been three meetings. As before these have occurred on the first Wednesday of the month at the usual venue, Child and Family Health Centre in Goonellabah. There has occasionally been some discussion about changing the time and venue because of difficulty attending and so forth. However on balance it seems there is more to gain from keeping the present situation stable and seeing if people can adjust other factors in order to find the space to come. It seems that whatever time the circle is held some people will sometimes not be able to attend.

In these last three meetings there have been some new faces and I am optimistic that the project is growing and finding its own identity as the participants realise the potential in the circle to create something unique that belongs essentially to them.

Marie Makinson
Aboriginal Women's Circle Facilitator

LESBIAN COUNSELLING SERVICE: Anna Clark

During the past 12 months, the Lesbian Counselling Service continued to be offered through a partnership with Northern Rivers ACON one day a week on Mondays, except for the month of January 2007 when the service closed for the holidays. Referrals include self referrals, through information in ACON's newsletter the Rainbow News, and other advertising posters, word of mouth and through other practitioners at ACON.

Counselling Clients

During the above period the number of counselling days totalled 37 and bookings totalled 139. Clients attending for counselling for first time totalled 31, repeat clients totalled 94, there were 6 cancellations and there was only one client who failed to attend. 22 telephone consultations were conducted, often for women who could not get transport or through follow up of their missed appointments. 6 sessions were held for couples.

The Service

The service provides for 5 clients per week over a 7 hour day and fees have ranged from \$10 to \$50 per session, depending on the client's income or employment. Fees are negotiated at the first session. However, from Jun 2007 fees were increased and are now \$25 to \$45 with exceptions only in extreme hardship. Short term counselling is offered, with clients able to access up to 8 consecutive sessions. The service was well attended though throughout 2006/2007 and in the past has often been filled to capacity much of the time. A client survey of the service was conducted by LDWHC and ACON in the first quarter 2007 indicating high levels of satisfaction with the service.

Counselling cases

A large number of clients presenting for counselling are dealing with relationship issues and lesbian sexuality issues, either sexual identity, coming out, parenting, and looking at family of origin issues. Issues include the effects of discrimination and abuse that this minority group are dealing with. Many clients are experiencing the negative effects of childhood abuse and trauma, domestic violence, and as a result are dealing with varying degrees of depression, anxiety and post traumatic stress. Same-sex couples are coming in for counselling increasingly, and clients are often gaining skills in communication, relating, conflict resolution, and assertiveness, and are working towards building healthier relationships.

Referrals

Referrals are regularly made to address lesbian health issues to the Naturopath, either at LDWHC or ACON, to maintain a holistic approach to lesbian health, e.g. for massage or herbal remedies. Referrals are made to various local community organisations, including, Community Mental Health, the Liver Clinic, INTRA and Sexual Assault Services.

Supervision

I attended regular external supervision sessions with Annie Barrett approximately once every two months till the end of Dec 2006. As yet I have not found an external supervisor for 2007, but am at present considering a woman who has been recommended to me by colleagues. I do find supervision and de-briefing sessions invaluable for myself to prevent burnout and for OH&S requirements. Annie provided a supportive environment for professional development, to conduct case reviews to maintain a duty of care, and to ensure a good degree of ethical practices.

Anna Clark, Lesbian Counsellor

DOMESTIC VIOLENCE COUNSELLING SERVICE: Kellie Young and Gayle Halloran

The Domestic Violence Counselling Service is provided at the centre through a partnership with the Lismore Women and Children's Refuge Inc. The Refuge's Outreach Worker attends the centre and Gayle Halloran was the Counsellor from July until December 2006 and Kellie Young replaced her thereafter.

During the 2006/07 financial year, there were 173 counselling appointments with women. The service consists of 4 counselling sessions each Tuesday and a phone consult if time permits.

The demand for domestic violence counselling is constant, yet there was a significant increase over the Christmas / New Year period, creating a waiting list of more than 6 weeks.

The limitation of seeing each client for a maximum of 6 sessions was extended for a couple of women, one of whom was in an abusive relationship for 29 years and needing more comprehensive counselling.

Most of the clients who approach the service are ready to acknowledge the violence and abuse in their lives and many women want to build on their ability to leave a violent relationship or to seek support to recover and heal. Women often find themselves isolated from their friends and family necessitating their need to derive support from the service and to re-establish support networks.

Women's immediate safety is of the utmost importance and they are encouraged to take it very seriously. Additionally women's emotional wellbeing is always compromised when living with abuse. Their sense of self worth is often distorted and their self esteem seriously eroded.

Many of the women seen this year have been significantly affected by the new family law changes and are finding it difficult to mediate and negotiate with their ex-partner due to the ongoing abuse and his exertion of power and control over her.

The service also saw a couple of women with developmental delays whom are most vulnerable to abusive relationships. I attended a case conference for one of these women to assist her to have her abuse recognised and establish a more supportive service network to best meet her complex needs.

Unfortunately due to new funding requirements, it has become necessary for Lismore Women's and Children's Refuge to withdraw the service and conclude the Domestic Violence Outreach Counselling at the women's health centre. I will continue Domestic Violence Counselling on site at the refuge.

I wish to thank all those at the centre for their support and assistance. A big thank you must go to Pam for her administration, knowledge and understanding of the issues faced by women in domestic violence and her always friendly and helpful assistance.

Kellie Young and Gayle Halloran
Outreach Workers

NORTHERN RIVERS EATING DISORDERS SERVICE: Mim Weber

1. BACKGROUND

The Northern Rivers Eating Disorders Service was established in February 2004, and began accepting referrals from May 2004. It is funded by NSW Mental Health, and administered through the North Coast Area Health Service.

The Funding Agreement identifies a number of goals and objectives for the service:

1. Provide an Eating Disorders Service for 21 hours per week
2. Provide an assessment and referral service.
3. Develop a partnership approach to addressing eating disorders within the Northern Rivers:
4. Establish group information and support groups to particular client groups.
5. Contribute to the development of the eating disorders response capacity in local service networks:
6. Maintain current policies and procedures in compliance with better practice guidelines.

2. ACHIEVEMENTS

In February 2006, the hours of the Coordinator were reduced from 21 to 16 hours per week. The generalist counselor employed by the Lismore and District Women's Health Centre made available 7 hours per week of counseling on a priority basis to women who present with eating disorders. This ensures that the terms of the funding agreement to provide 21 hours per week of eating disorders service, are met. It also provides easily accessible counseling for women with eating disorders.

2.1 Assessments

Clients come to the service through referral from a GP, a counsellor or other health service provider. Many also find out about the service from the internet, or from family or friends. Assessments are usually offered within two weeks of a client contacting the service, and are usually completed within two weeks of commencing the assessment.

In 2006/07 the service saw **35** new clients for assessment. This compares with 43 the previous year.

2.2 Other Client Contacts

The service receives a number of calls which require extensive telephone consultation. In 2006/07, **29** such calls were taken, compared with 42 last year. Such calls may be from parents or grandparents, concerned about their daughters or grand daughters, who may live elsewhere, or people call about themselves. All calls are enquiries regarding service options, the best ways of approaching people, or reading material.

The service has a commitment to seeing at least one **ongoing client** for counseling during the year. In addition, it takes up counseling on a one off, or very short term basis with a small number of clients. A total of 48 counselling sessions were conducted by the Coordinator. This compares with 66 last year.

2.3 Referral Network

The service continues to have a small list of GPs from Tweed to Grafton who have indicated a willingness to receive referrals from this service.

With the introduction of Medicare rebates under the Mental Health Plan, clients of the service who require counseling from private practitioners now are able to access a significant rebate through Medicare. However, rebates can only be drawn against psychologists and social workers. Hence, the network has been reduced to include only these two professional groupings. There are currently nine practitioners on the counseling network list. The Southern Cross University Counselling Service takes referrals of university students who are assessed by the NREDS. Youth and Family counselors (North Coast Area Health Service) are also available to receive referrals for people aged between 12 and 18, however, these will be prioritized as to urgency.

The NCAHS Dietitians accept referrals from this service with the proviso that all people referred are actively connected into a GP, and have begun counselling. The Lismore Base Hospital has a Paediatric Dietitian who prioritises young people under the age of 18 with eating disorders.

2.4 Support for Parents/ Partners/ Carers

A monthly support group for parents of 12 to 24 year olds commenced in August 2006, and has continued to meet monthly throughout the year. Twelve parents have attended this group, with four being regular participants.

In addition, parents are offered information, with printed handouts, access to the service library, as well as individual consultations in person, or by telephone. Numerous parents access these resources.

2.5 Support Groups for people with Eating Disorders

One ten week group was run for people troubled by depression and eating disorders. It was funded by the Northern Rivers Division of General Practice through its depression fund.

A monthly support group for people who have completed a ten week group has been operating throughout the year. It is called the "Graduates Group".

2.6 Building Capacity in the Service Network

The service presented to the dinner of the Diabetes Paediatric Clinic, as well as to the Ballina Community Health team.

2.7 Development of Partnerships

The funding agreement specifies that the NREDS should operate in partnership with other relevant services. This generally takes the form of formal and informal agreements regarding referral and some service development.

Partnerships have been established with the following agencies:

- * Community Mental Health, adult and youth and family
- * Division of General Practice (Lismore)
- * Southern Cross University Counselling Service
- * North Coast Area Health Service Dietetics services
- * The Buttery
- * Local branch of the Australian Psychological Association

3. OTHER ACTIVITIES

3.1 Consultation

Some counselors in the network choose to consult with the Coordinator of NREDS from time to time regarding issues in conducting counselling with clients.

3.2 Publications

The service provides two articles for the Northern Star newspaper per year to coincide with No Diet Day in May, and Body Image Awareness Week in September.

An article exploring the use of narrative therapy ideas in the assessment process was published in the International Journal of Narrative Therapy and Community Work (2007, vol 2).

3.3 Presentations

A presentation regarding the service was delivered to the Women's Health network meeting at Coraki in 2007. In addition, the service presented to the Queensland eating disorders network breakfast quarterly meeting in Brisbane.

3.4 Supervision

This has been continued on approximately a six weekly basis by telephone with Ms Peta Marks.

3.5 Professional Development

I attended the ANZAED Conference in Adelaide in 2006. This was a very valuable experience as a number of useful contacts were established with service providers in Brisbane and Auckland.

I also attended a two day training on Narrative Therapy in working with eating disorders in Brisbane. This was incredibly valuable.

3.6 Evaluation of the Service

a) The Groups

All of the participants in the ten week group completed pre- and post- questionnaires regarding the presence of depression and practices or thoughts associated with eating disorders. In addition, a more subjective evaluation was conducted with participants. Six people attended this group. Significant shifts were noticed in half of the participants, with small shifts in two participants, and no apparent shift with one.

Participants of both the Graduates Group, and the Parent Support Group consistently speak of the value they find in being able to attend these groups. No formal evaluation has been conducted with these groups.

b) The Assessment and Referral Service

Until the end of 2006, clients utilizing the assessment and referral service were routinely asked for feedback as to their experience of this process. Feedback has been consistently very positive.

In 2007 the service conducted evaluative conversations with 30 of the service's past clients. This was with the view of asking them, with the wisdom of hindsight, about their experience

of the usefulness of the service, as well as identifying what issues or concerns arose for them as clients. In addition, 14 interviews have been conducted with service providers asking them about their experience of the service, its usefulness, as well as what issues or concerns arose. This material is being collated, and a further consultation is being conducted at a meeting in September, where the themes arising from these interviews will be presented and discussed.

The process of evaluating the service this year has been a particularly useful one as it has built on the professional relationships with practitioners in the service network, as well as identifying what is perceived as valuable about the service and should be retained, and what gaps or issues are apparent either in the service itself, or in the service network, that could be addressed. This will form the direction of the service for 2007/ 08.

4. ISSUES

4.1. Funding

The service is very limited in what it can achieve in 16 hours per week of coordinator time. This year it has been capacity building which has been most difficult to pursue with such limited hours.

4.2. Funding for Groups

Funding from the Northern Rivers Division of General Practice is no longer available. This means that when the surplus funds are used up, it will not be possible to run any further groups (other than the monthly support groups).

Funding is required to employ a co-facilitator. The service is attempting to access other funding sources to sustain this part of the service program.

4.3. Limitations of the Service Provider Network

Adults coming through this service who require counseling have to access this through the private practice network. Despite the Medicare rebate, which does provide welcome relief for up to 18 sessions per year, the cost in accessing services for eating disorders is prohibitive at best, and crippling or impossible for some. The SCU and TAFE are the only locations in Lismore which provides free counseling to adults.

The network of service providers for adults with eating disorders is mostly adequate for people troubled by mild to moderate presentations of the disorder, but for those with moderate to severe symptomatology, the service network is vastly inadequate. Difficulty accessing specialist knowledge in practitioners, difficulty in coordinating the services, and problems with accessing appropriate hospital care all result in inadequate medical and psychological care for people in this end of the population.

In addition, although the service network for adolescents is reasonably adequate (through the mental health services), once a young person turns 18, the service network falls away, and they are left to their own devices.

Working with people with eating disorders requires particular skills, training, and orientation, and the research indicates that few qualified practitioners (GPs, counselors and dietitians) willingly and competently work with this client group.

The best assessment and referral service in the world is useless unless the service network can respond appropriately to the range of presentations.

Mim Weber
Northern Rivers Eating Disorders Service Coordinator

