



SJAF e-Magazine

ST JEANNE ANTIDE FOUNDATION

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Special Issue on Mental Health

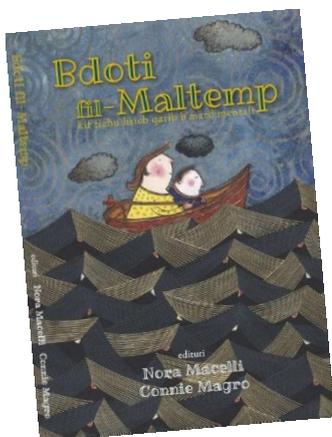
PART 2 (see the August 2015 issue of SJAF Magazine for part 1)

Weathering the Storm

– tips for family caregivers of mentally ill persons

(Extracts from the book: BDOTI FIL-MALTEMP. Edited by Nora Macelli and Connie Magro. Published by the Mental Health Association and the St Jeanne Antide Foundation, 2015.)

Translated by JEAN KILLICK



In last month's Issue 92 of the SJAF Magazine, family caregivers were provided with tips on how they should continue the difficult journey of care with more confidence, knowledge and ease. The article focused on Phobia, Depression and OCD. This article will focus on Eating Disorders, Hoarding Mania and Bi-Polar Disorder. We encourage you to read the full book. These articles are just extracts.

KONTENUT

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Tips on caring for a member of the family with an EATING DISORDER

We know that, when someone in the family develops an eating disorder, you feel disturbed and unable to work things out. You don't know what to do. Here are a number of steps that you can take to help your relative to be cured and get on with life.



- *Do not coerce your relative.* Try to understand what your role should be. This is the first important step, so that you will not cause the illness to worsen. Don't try to control what or how much your relative eats. Don't force them. The eating disorder is a form of control over the sufferer's life. Therefore, if you try to force your relative, he/she will turn against you and you will become the enemy instead of a dear one who can help.
- *Your role can be crucial:* Even if the person suffering from an eating disorder is receiving professional care, your contribution in the treatment is crucial. Don't let your behaviour spoil the opportunity to help.
- *Learn about eating disorders.* If you don't, you will not know what is happening and why.
- *Don't be discouraged from communicating with your relative.* You should understand that it will become increasingly difficult to communicate. As the person becomes more introverted, the more they will want to be alone, the more sensitive they become to other people's comments, the more abusive they are. You will understandably feel distraught. Keep in mind that communication is very important. Gently continue your efforts.
- *Show respect.* Show that you understand and feel your relative's pain. Build a relationship of trust in spite of what they are going through.
- *Don't focus on food.* Instead of focusing on what or how much food is eaten, the person's appearance and weight, do your best to listen without judging. Listen to the emotional pain.
- *Praise:* Appreciate the person's creative potential and praise their personal strengths. Don't belittle or make them feel worse than they already feel by pointing out their limitations. Give praise where it is due,

especially for efforts, gains and accomplishments.

- *Show and tell the sufferer that you love them.* Persist in this because many things are possible through love which has hidden strengths.
- *Encourage your dear one to seek help* so that they can learn to manage their negative emotions.
- *Avoid discussions on diets* or weight problems.
- *Discuss with them opportunities and sources of help.*
- *Speak openly and sincerely about your own feelings,* without making the person feel guilty that you are also suffering. Ask them how you can help.
- *Be a role model by eating a balanced diet* and exercising.
- *Remember that it's not your fault.* Every time you work to rid yourself of negative emotions and sense of guilt churning inside you, you will be in a better position to act wisely to help your loved one.
- *Take care of yourself.* Don't obsess about your relative's eating disorder. By doing that you risk not taking care of yourself or the other members of the family. Look for support for yourself too. You need to be strong to keep the family together.

How you can help during meal times

- Ask the sufferer to go shopping with you and agree beforehand what to cook for the whole family.
- During meal times, agree that none of you will argue about the amount of food on the plate, calories or fat content.
- Avoid eating low calorie or diet food in front of the sufferer.
- Do your best to maintain a positive and happy atmosphere.
- Plan some cheerful activity after meals, such as a game or outing which may distract the person from vomiting or doing strenuous exercise.
- Don't despair if things go wrong during meal times.

As a family member-carer of a mentally ill person, you can ask for help from the LWIEN service of the St Jeanne Antide Foundation. Phone in for an appointment. The LWIEN family consultations take place on Wednesdays and Fridays in Tarxien throughout the year and twice

monthly on Saturdays in *Haż-Zabbar*. Before the appointment, take note of what you wish to discuss – things that worry you, what you think you are doing well, and any questions you would like to ask. It is a good idea to discuss these points with your relative before the appointment.

Remember: “Don’t ponder on what went wrong today but on what can get better tomorrow.” (Helen Keller)

Tips on HOARDING MANIA

How do you help a relative who hoards?

Excessive hoarding will no doubt cause you much frustration. Most family members will probably react negatively when dust and rubbish



accumulate around them and they can do nothing about it. It is natural to want to live in a clean and dignified environment without embarrassing anyone, especially when friends and family visit. It is difficult to reason with a person obsessed with hoarding. Your impulse would be to clear the house and get rid of all the accumulated junk. However, this will not solve the problem. It is important to keep in mind that this is a mental disorder that causes a person to be very irrational.

What can you do to help?

1. Seek professional help. Don't think that you can solve the problem on your own. Follow the professional's advice so that you are all working along the same lines.
2. Try to imagine how you would feel in the same situation as the hoarder.
3. When you talk to your relative who hoards things, use words that explain and encourage realistic behaviour, such as: "I'm aware that you know this place like the back of your hand. But try to imagine how someone could get to you in an emergency! He would be sure to stumble and hurt himself." Or: "The neighbours are within their rights to report you to the health authorities. Before things reach that point, wouldn't it be better if you start to make some

changes? Neighbours should be friends, not enemies."

4. Remember that acute hoarders will not accept your criticism. They will be even more stubborn if you make such comments as: "Look at all the junk around you!" or "Who on earth can live in a place like this? You've turned the house into a pig-sty."
5. Don't make fun of their home and the things they cherish. They would think that you are cheapening their value. After all, they already know that you have different opinions about these things.
6. Don't refer to the things hoarded as rubbish or junk. Try to control your facial expression or gestures.
7. Don't try to persuade or force them to make changes in the room or house as this will have the opposite effect.
8. Don't touch the hoarded items without permission. They will be disturbed and upset when they see you moving them.
9. Above all: (a) concentrate on safety both for the patient and the rest of the family – particularly fire hazards; (b) then store the items; and (c) finally work to remove the hoarded items.
10. *Treatment:* An acute hoarder doesn't think his behaviour is a problem. So treatment is a big challenge to all concerned. Everyone needs to participate in the treatment. The hoarder will not succeed on his or her own. You may need to make a plan to ensure that the patient does not continue to hoard. Where animals are concerned, you may need to involve the SPCA in the plan. Intense treatment may lead the person to understand their behaviour and lead a safer life.

Remember: “A good deed strengthens us and inspires others to behave well.” (Plato, 400 BC)

Tips on BI-POLAR DISORDER



Bi-Polar Disorder affects not just the individual but all those around them. Very often, family members suffer as much as the patient.

Relatives tend to suffer from extreme stress and isolation as much of their time is dedicated to the sick relative.

What can family members do?

1. Read, ask and learn more about the condition.
2. Find out what services are available in your area and generally.
3. Participate in a support group for family members of mentally ill patients. These groups will provide support that you will need and will help you realize that you are not alone in this difficult situation. The Mental Health Association (Malta), for example, runs an annual course for family caregivers. Many caregivers attend this course more than once.
4. Although it may not be easy, it is important to maintain good relations with the sick relative, even when they do not appreciate your support or the sacrifices that you are making.
5. Keep in regular contact with the patient’s psychiatrist and keep track of appointments.
6. Teach the patient to be as independent as possible.
7. Ensure that your relative is taking correct medication. If not, speak to the psychiatrist and check whether it is necessary to register with the MMDNA, so that a nurse could visit the patient at home to give him or her the medication.
8. Keep handy a list of important telephone numbers so that you can reach them easily in an emergency.
9. Keep communication open with the patient.

10. When you are caring for a family member with this condition, it is important that:

- You get enough sleep so that your mind and body are rested and you will not collapse due to tiredness, anxiety and stress.
- Make time for some form of exercise and keep your own appointments and commitments.
- Make sure you have a balanced diet and eat nourishing food.
- Some daily “me” time is necessary – you should not feel guilty for doing this.
- Try to understand the negative emotions that can arise when you are caring for the patient. If you want to rid yourself of negative emotions, make an appointment for yourself with the Emotional Freedom Service of the Foundation.
- Acknowledge the positive things in your life, although these may be small.
- Keep a positive attitude – humour should be an important part of your life.
- Recognise priorities in your life – what is most important?

Taking care of a mentally ill person is no easy task and can make us face difficult challenges. However, a saying by Winston Churchill bears repeating: “When you are going through hell, keep on going. Never never never give up.”

To be continued in October issue of SJAF e-Magazine



MHA
Mental Health Association Malta

KORS
FUQ IS-SAHHA MENTALI

GHALL-FAMILIARI, QRABA, CARERS, STUDENTI U PROFESSIONISTI ATTIVI
FIL-QASAM TA’ PERSUNI BI PROBLEMI TA’ SAHHA MENTALI

META: 17 ta’ Ottubru sa 28 ta’ Novembru

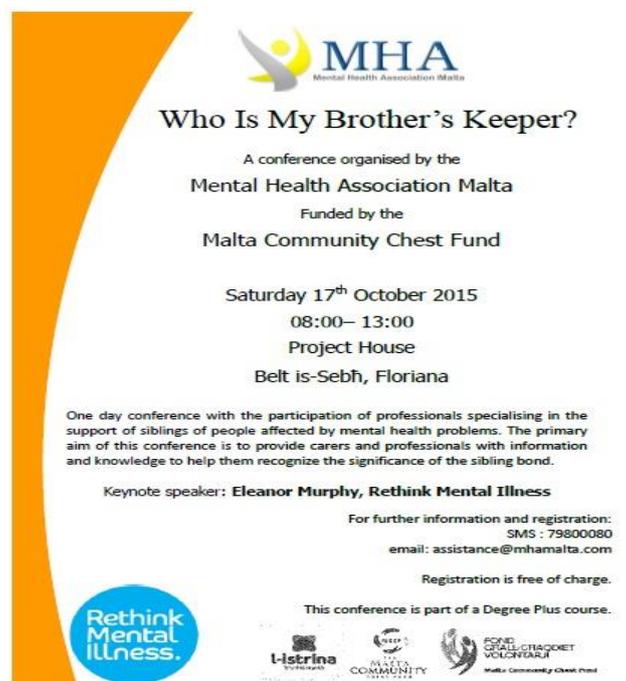
FEJN: Project House
Belt is-Sebħ, Floriana
(faççata tal-bitha tad-Depot tal-Pulizija)

HIJN: Is-Sibt	17/10/2015	08:00-13:00
Il-Gimgha	23/10/2015	18:00-20:00
Il-Gimgha	30/10/2014	18:00-20:00
Il-Gimgha	06/11/2015	18:00-20:00
Il-Gimgha	13/11/2015	18:00-20:00
Il-Gimgha	20/11/2015	18:00-20:00
Is-Sibt	28/11/2015	08:00-13:00

Dan il-kors huwa offrut **minghajr ħlas**

Għal aktar tagħrif u bbukjar:
SMS: 79 80 00 80
Email: assistance@mhamalta.com

L-istrina
MALTA COMMUNITY CHEST FUND
FOND GHALL-GHAGDIET VOLONTARJI
Malta Community Chest Fund



MHA
Mental Health Association Malta

Who Is My Brother’s Keeper?

A conference organised by the
Mental Health Association Malta
Funded by the
Malta Community Chest Fund

Saturday 17th October 2015
08:00– 13:00
Project House
Belt is-Sebħ, Floriana

One day conference with the participation of professionals specialising in the support of siblings of people affected by mental health problems. The primary aim of this conference is to provide carers and professionals with information and knowledge to help them recognize the significance of the sibling bond.

Keynote speaker: **Eleanor Murphy, Rethink Mental Illness**

For further information and registration:
SMS : 79800080
email: assistance@mhamalta.com

Registration is free of charge.

This conference is part of a Degree Plus course.

Rethink Mental Illness
L-istrina
MALTA COMMUNITY CHEST FUND
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Malta Community Chest Fund

FROM ASYLUMS TO COMMUNITY CARE

by Connie Magro, Vice President, EUFAMI

(paper presented during the 6th EUFAMI Congress, Sofia, Bulgaria, 19-20 September, 2015)

For many decades now, the provision of long-term mental health care for people with severe mental disorders has been, and continues to be, one of the major challenges in the reforms of mental health care systems.

Since the nineteenth century, asylums for the mentally ill were built in remote areas, as far away as possible from towns and villages. These asylums mainly offered custodial containment and the provision of the basic necessities for survival, to people with a wide range of clinical disorders and social abnormalities. The decline of these asylums started in economically developed countries in the early 1950s. There were a number of reasons that triggered this turnaround in the mental health systems. The following were some of the reasons:

- a) the rising evidence of ill treatment and abuse of patients;
- b) the geographical and professional isolation of the institutions and their staff;
- c) ineffective administration, management, and leadership including

poor reporting and accounting procedures;

- e) meagre financial resources;
- f) poor staff training; and
- g) inadequate inspection and quality assurance mechanisms and procedures.

Since the 1950s, a vision of mental health care in the community for the mentally ill started to evolve in many European countries. However, in some European countries nowadays, community services are hampered by unrealistic policy targets underpinned by cost cutting strategies.

According to the W.H.O., in general, community mental health services have become more user-friendly and more accessible to persons living with severe mental disabilities (Saraceno, W.H.O., 2007). When compared to institutional mental health care which primarily focused on the physiological needs of patients, community-based mental health care services are considered to be more effective in providing holistic care.

Advantages of community care as observed by service users and their relatives

What is the experience of service users and their relatives in accessing mental health care services? What advantages do they express having experienced with such a system in place?

Contemporary research point to the following key successful elements:

1. The fact that services, including day centres, can be accessed very close to home;
2. treatment promoting autonomy is individualised;
3. services are less restrictive and more flexible, creative and rehabilitative; they are more apt to enabling service users to

become integrated into the community and society;

4. human dignity is safeguarded;
5. professionals undertake follow-up monitoring visits through outreach teams;
6. local communities are gradually becoming more accepting of people with mental illness residing in their locality, alone or in shared accommodation or residential care homes;
7. the attitude of mental health care practitioners is becoming more person-centred;
8. there is a rise in the development of co-operatives and social enterprises offering sheltered work to persons with mental illness;
9. hospital stays have become briefer; whenever the need for hospitalisation arises, admission is swifter;
10. The number of NGOs promoting the rights of the mentally ill and those committed to he empowering relatives to become partners in care is growing. EUFAMI is in the forefront of this movement;
11. Finally, regular anti-stigma campaigns heroically whittle away at negative stereotyping and prejudice; it is through these campaigns that public attitudes and acceptance of the mentally ill is changing.

Improvements observed by researchers

With the advent to community-based services, access to mental health care by people with longer-term mental disorders has radically improved. It is significantly different to the care provided by the traditional psychiatric hospitals (Thornycroft & Tansella, 20).

Community care services are found to be more flexible and thus able to ensure continuity of care. This, in turn, makes it



possible for practitioners to identify and treat relapses earlier than before and to improve the chances of adherence to treatment (Thornicroft & Tansella, 2003; Killaspy, 2007). They are also more able to prevent stigmatisation and to better protect the human rights of people with mental disorders (Thornicroft & Tansella, 2003)

Studies comparing community-based services with other models of care consistently show significant positive outcomes in the area of adherence to treatment, clinical symptoms, quality of life, housing stability, and vocational rehabilitation (Braun P. et al., 1981; Conway M. et al., 1994; Bond et al, 2001). Other studies suggest that care in the community for acute psychoses is generally more cost effective. Hostels, for example, provide a cost-effective alternative that is preferred by the patients themselves (Goldberg 1991).

When de-institutionalisation is correctly planned and implemented, the majority of patients who transited from hospital to the community reported less negative symptoms, better social life and more well-being in general (Leff, 2001). Most people with a mental illness today receive holistic care which includes medication and other forms of treatment and therapy, support to access the right accommodation, non-advice on accessing formal and non-formal education and training, re-integration into the world of work and social skills training for better relations with others around them.

Negative aspects of community based services observed by users and carers

Research shows that despite much progress achieved in the field of community mental health care, service users' involvement and caregiver

advocacy and support remain the weakest link in the system. For example, family caregivers of mentally ill persons still lack access to an assessment of their own needs and to support services independently of the relative they care for. Such an entitlement is still not common practice (Provenchers, 1996).

As the mentally ill person is unlikely to be working, the caregivers' rising financial burdens becomes a major concern and source of hardship and anxiety. Caregivers grapple with the difficulties of taking time off from work and the risk of loss of employment. In a study of primary caregivers of people with severe mental illness, Reinhard (1994) identified the following main burdens of care: decreasing ability to engage in and participate in activities, family friction and disruption of the household routine. Francell et. al. (1998) also found that families experience great difficulties with mental health services in relation to crisis situations, obtaining adequate community resources and communicating with professionals.

Conclusion

Today, service users and their family caregivers remain disillusioned with the fact that mental health care is given lip service and continues to be treated as the Cinderella of support services. EUFAMI, Carers UK (2003) and other organisations continue to argue that mental health care systems need to effectively engage family caregivers as expert partners in care. Caregivers can ably assist professionals in the delivery of care, thus maximising positive wellbeing outcomes for sufferers.

A recent research carried out by EUFAMI together with the University of Leuven highlighted the important role of family caregivers of persons with severe mental illness in the ongoing push for mental health care to be facilitated in the community.

Family caregivers are significant stakeholders who clamour for inclusion

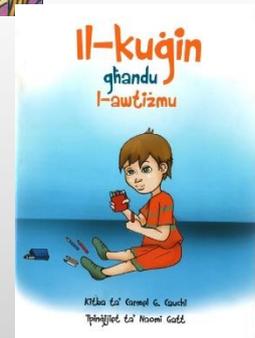
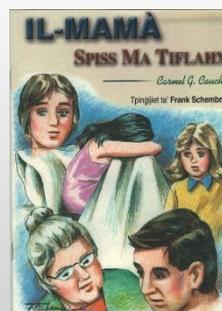
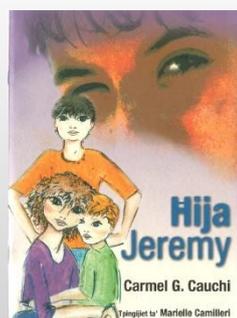
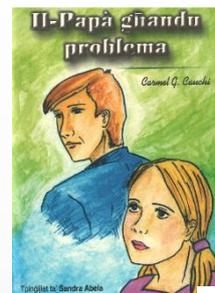
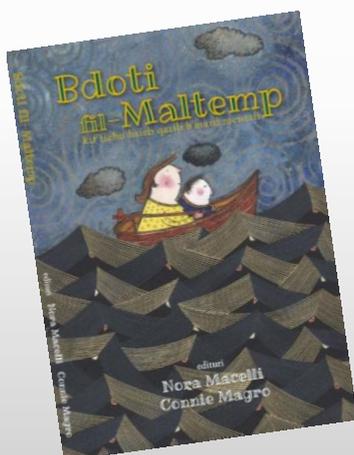
and participation in the system of community-based mental health care. Let us not continue to delude ourselves that they are not. And let us eradicate the social exclusion of families who undeniably are shouldering most of the burden and consequences of what we euphemistically call 'community-care'.



Some POLICY RECOMMENDATIONS on MENTAL HEALTH SERVICES by the St Jeanne Antide Foundation

- 1) Promoting the multiplier effect value of a commitment by each service-providing organisation that is active in the health, mental health and disability field to include in their strategic plans the dimension of family caregiver support and empowerment.
- 2) State recognition of primary family caregivers of mentally ill persons as key partners in the care process. Such recognition would entail three key changes in the current state provision of mental health services:
 - ✦ Changing social security legislation that stipulates that the welfare benefits of a mentally ill person be reduced when they go to live with their caregiving parents. Oftentimes, especially following a relapse, being cared for by the family may be the best option.
 - ✦ Implementing the longstanding promise by policy makers of rendering the caregiver pension more democratic. As things stand unmarried family caregivers are eligible for this welfare benefit. But married caregivers are not. Many primary caregivers have had to shift to part-time work to cope with the heavy responsibility of caregiving. They too should be eligible for this caregiving support.
 - ✦ Officially introducing a ‘drop-in’ function for the community-based mental health clinics so that primary family caregivers of mentally ill persons can with ease drop-by to consult mental health practitioners there about current issues that are of concern – such as symptoms of a relapse, non-compliance with medication, worrying side-effects of newly prescribed medication. Primary caregivers of mentally ill persons need to be supported in their overwhelming and painful care journey. Otherwise, they too will crack up and become service users of mental health services.
- 3) The Mt Carmel Hospital (MCH) could effectively reach out to primary family caregivers by: (a) allocating a Social Worker and a Psychiatric Nurse to engage with family caregivers who accompany their family member to their scheduled outpatient appointments at MCH. Thus, these MCH practitioners would proactively welcome relatives, talk to them to determine any issues of concern, see how they are faring, liaise with the firm about identified issues before the patient and his or her caregiver enter the appointment room, thus providing the firm team with more information to go on. (b) Encouraging and motivating practitioners (Psychiatrists, Psychiatric Nurses, Psychologists, Therapists) to develop a system of support groups at both hospital and community levels for patients and for family caregivers.

Books about Mental Health



MENTAL HEALTH SERVICES IN MALTA

There are two parts to the dossier. The first lists services provided by the NGOs whereas the second highlights those provided by NGOs. Part 2 will be featured in the October issue of this magazine. Private enterprise services have not been included. One's family doctor is often the gateway to many of the listed services. Hence the list is also useful for general medical practitioners. Please feel free to send us information about other services in the field of mental health that are not included here. We will continue to update this dossier which will be available on the Foundation's website. Thank you.

SERVICES BY NON-GOVERNMENTAL ORGANISATIONS (NGOs)

Autism Parents Association - Malta (APAM) – www.autismparentsassociation.com	
9942 7839	Support to parents of children with autism spectrum disorder
Caritas Malta Agency – www.caritasmalta.org	
25906600	Thursday Club (mental health aftercare)
79412338	Emotions Anonymous EA
Drug Related Services	
21237935	Outreach - 82, Capuchins Street, Floriana (identifies and supports persons with serious drug-related problems including drug abusers, family members and significant others) and prepares drug abusers for further holistic and integrated rehabilitation).
21237935	San Blas Therapeutic Community
21237935	Harm Reduction Shelter (offers help to homeless people with a drug abuse problem)
21237935	Dar il-Vittorja – Birkirkara (rehabilitation for female drug users)
2123793	Evening Programmes (consist of group therapy to drug users who are not suited to a residential programme)
2123793	Prison Inmates Programme PIP (caters for people who are serving a prison sentence and have a drug abuse problem)
Support Groups	
25906600	Gamblers Anonymous (for individuals suffering from compulsive gambling)
25906600	GamAnon (for the gamblers)
25906600	Alcoholics Anonymous (for individuals with an alcohol addiction and wish to end their drinking problem)
25906600	Al Anon (for relatives of individuals who have an alcohol addiction)
Fondazzjoni Suriet il-Bniedem (fondazzjoni tal-aħwa kapuċċini)	
2123 2330	Runs 2 residential care facilities for persons with mental health difficulties. http://www.fsib.org.mt/
Friends of Mt. Carmel Hospital Society	
Mr Joe Borg, Vice President: josborg5@gmail.com Mr John Lanzon, Secretary: jonlan@maltanet.net	Through fundraising, items needed to settle down in the community as well as basic furniture are provided for discharged patients.
Jesuit Refugee Services	
21442751	JRS provides psychological services to migrants with mental health difficulties as well.
Mental Health Association (MHA) Malta 21442751	
79800080 (for SMS messages only) Email: assistance@mhamalta.com	MHA has, since the early 1990s, been engaged in advocacy work on behalf of caregivers of mentally ill persons. All its members are volunteers and caregivers themselves. MHA runs an annual empowerment course for caregivers of mentally ill persons. Organises seminars, conferences, video-fora and publishes books for children and adults on mental health. MHA also runs mental wellbeing groups at its Marsa base. www.mhamalta.com
Mental Health Association - GOZO	
7959 3354 Jeanette mhagozo@gmail.com	Promotes positive mental health and supports persons with mental illness, their families and carers by identifying their needs and advocating their rights.

Richmond Foundation	
21440324; 21482336; www.richmond.org.mt info@richmond.org.mt	Headoffice in Santa Venera: 424, St. Joseph High Road, St. Venera, SVR 1013
same as above	Home Support Service
same as above	Supported Housing Scheme
same as above	Supported Employment
same as above	Kids in Development K.I.Ds (residential care home for children with emotional and behavioural problems)
same as above	Family Support Group
same as above	Self-help groups (Malta and Gozo)
same as above	Staff and Organisation Support Programme
21440456; 21488062	Villa Chelsea Rehabilitation Facility
2122 8528	Paola Hostel (provides accommodation with 24 hour support, to men with mental health problems).
21498706	Qormi Hostel (provides accommodation with 24 hour support, to men with mental health problems).
St Jeanne Antide Foundation	
21808981; 27672367; 21809011 Email: sjafnago@gmail.com Facebook: SJAF Antide Centre	LWIEN Service in support for family caregivers of mentally ill persons. Family consultations run every Wednesdays and Fridays at Ċentru Antida, 51 Tarxien Road, Tarxien and twice monthly on Saturdays at Haż-Żabbar. By appointment. Service includes consultations with a Senior Psychiatric Nurse, Social Work support for the family, support groups for caregivers and depression support groups and publications. www.antidemalta.com (soon to migrate to www.antidemalta.org)
79326725 Send SMS for an appointment	Emotional Freedom Service for persons wanting to be free from their anger, fear or other emotional distress.
The Malta Dementia Society	
99451625 Anne Cuschieri 79298925 Sr Vinnie Catania cuscfran@gmail.com	Dementia Helpline for people with dementia, their carers or for anyone wishing to ask for information on dementia. The telephone line is open from 10 am to 1 pm from Monday to Fridays except on Feasts and Public Holidays.

The Pope at the US Congress on Dorothy Day and Thomas Merton:

In addition to citing Lincoln and King, Francis mentioned two American Catholics to make his points: Dorothy Day, who founded the Catholic Worker movement, and Thomas Merton, a Trappist monk who promoted interfaith understanding. Both lived radically simple lives, close to the poor and rejecting ambition — symbols of the Francis model of humility and devotion.

“A nation can be considered great,” he concluded, “when it defends liberty as Lincoln did, when it fosters a culture which enables people to dream of full rights for all their brothers and sisters as Martin Luther King sought to do, when it strives for justice and the cause of the oppressed as Dorothy Day did by her tireless work, the fruit of a faith which becomes dialogue and sows peace in the contemplative style of Thomas Merton.”





**ME
MYSELF
and
I**

**Iż-Żgħozija
Ir-Realtá Attwali**

A national conference held under the Patronage of H.E. President of Malta Marie-Louise Coleiro Preca

Friday 30th October 2015
Villa Fiorita, Marsalforn
0830 – 1300hrs

E-mail: mhagozo@gmail.com

Contact: Jeanette 79593354 or Marlene 79815542

Mental Health Association Gozo



Għaqal id-Dar, Hajja Aħjar

KORS B'XEJN!

- 1 Tassew ttrawki id-dar aħjar?
- 2 Tassew tagħraf' għalik idur f'sall-flek?
- 3 Trid tkun taf iżjed dwar id-dar aħjar tiegħek?
- 4 Tassew trawgas f'għajnej u f'għajnej ta' idur aħjar?
- 5 Trid itgħallim nicciti sarrgħajni għal idur aħjar u tajjeb għajnej tiegħi?

Min tagħraf' idur aħjar, idur aħjar għajnej u għajnej ta' idur aħjar. Dan jgħid li idur aħjar jgħid li idur aħjar jgħid li idur aħjar.

Għaqal id-Dar, Hajja Aħjar **Għaqal id-Dar, Hajja Aħjar**
KORS GĦALIK U MIEGĦEK, GĦAL GID TA' HULIJA.

Ikteb li għaqal-id-dar.mfss@gov.mt jew marv.a.muscata@gov.mt għal iktar informazzjoni

Sibna fuq facebook u aghmel like halli tibqa' agħornat/a



All back issues of the journal, World Psychiatry, can be freely downloaded from the PubMed system (<http://www.ncbi.nlm.nih.gov/pmc/journals/297>).

PLATFORM OF NGOs actively involved in the mental health field.

Her Excellency President Marie-Louise Coleiro Preca is launching a platform of NGOs actively involved in the mental health field. The aims of the platform are as follows:

Advocacy

- To strive to eradicate stigma in Maltese society.
- To become a key vehicle through which the voice of sufferers and their caregivers is heard and taken into consideration in democratic policy making processes.

Education

- To advocate for the mainstreaming of mental health across sectors and ages.
- To stimulate the introduction of practical techniques for well-being and emotional freedom across the curriculum.

Training

- To join forces with all patient support organisations to design and regularly deliver courses for primary family caregivers, including young carers and siblings.
- To promote each other's support groups and to tap into each other's expertise to introduce new support groups.

Publications

- To promote each other's publications and to collaborate on joint publications.

Research

- To involve key research stakeholders in to undertake research in the mental health field.
- To embark on joint research projects and to seek funding them.

Participation in EU and broader fora

- To become members of EU and international platforms in the field of mental health.



Richmond Foundation

Commemorating World Mental Health Day 2015

Exploring Anxiety: An Educational, Psychological and Psychiatric Perspective

22nd October 2015

8.30 – 16.00

Dolmen Resort Hotel
Gawra, St. Paul's Bay



notices about events by other orgs on mental health

Triq il-Lukandi

Bil-lejl, jew ma' dawl iż-żerniq
iterrqu wiehed wiehed
għal għonq din it-triq —
iġorru tifikira, rikordju li hađu
minn kull lukanda li żaru.

L-ewwel lukanda j isimha:
Il-Bidla tan-Nappies,
fejn trid toqghod attent
tal-fwejjah u l-ferħ.

Wara, forsi tasal fi *Tverna tan-Namrati*
li fiha ssib ġonna bil-ghana w bid-daqq
għaž-żfin u l-pjaċir, li tieħu u tagħti.

Lil hinn mill-gholjiet bil-borra w bis-silġ
hemm lukanda bla sid, li ġġib l-isem:
Jew Taqdi Jew Tmut – Kif Trid.

Ma' xatt ix-xmara tinstab il-lukanda
tal-*Awto-Mogħdrija*, ġenna ta' paċenzja
għat-tbatija li ssofri bis-sliem
kull sieq ta' min mexa matul din it-triq.



Din tagħti fis-sliem għal fetha tant usa':
Lok il-Mogħdrija, b'veduti tal-ghageb
tax-xmara wiesa' kollha tbatija tal-hajja.

U lil hinn issib: *Mut Xorta* —
għad li ma tiġbdekx il-faċċata
minn ġewwa tħabbatha
ma' lukanda mill-aqwa.

Min jasal s'hawn ikun qorob
lejn lokal ta' għageb
fejn id-destinazzjoni tkun
il-punt tat-tluq.

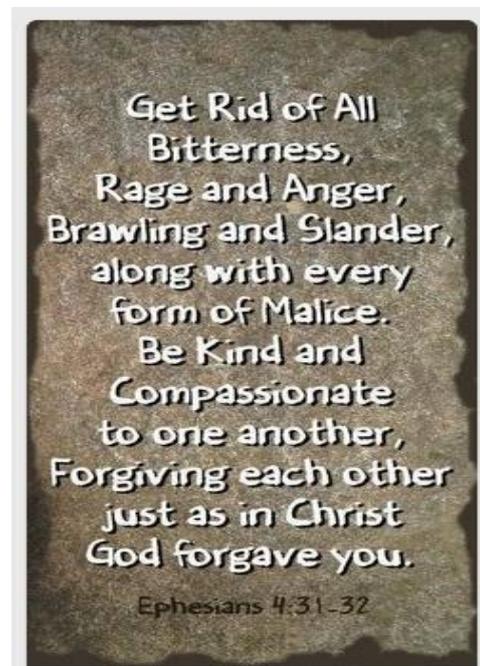
U hawn isib allogg bla hitan, bla bibien —
bla ħlas, bla kumditajiet, għeri,
li jismu: *Jiena l-Għarfien*.

tony macelli

Nothing is More Practical

Nothing is more practical
than finding God,
that is,
falling in love in a quite
absolute and finite way.
What you are in love with,
what seizes your imagination
will affect everything.
It will decide what will get you out of bed
in the morning,
what you will do with your evenings,
how you will spend your weekends,
what you read,
who you know,
what breaks your heart
and what amazes you with joy and gratitude.
Fall in love.
Stay in love.
And it will decide everything.

[Pedro Arrupe SJ](#)





The IRENE Service of the Foundation runs a weekly therapeutic handicrafts making session at the Women's Division of the Corradino Correctional Facility. Women are encouraged to write poetry for publication. This month we bring you two more poems, this time both from Elaine Muscat.

Poems from prison

THE GIFT

When I look back at my life, I remember how happy I was.
 To be angry, to be mad, to be sad, I had no cause.
 Mum did her best to make us happy,
 To an extent she did,
 But I wanted something more than that. To be an adult, and
 not a kid.

Drugs were my attraction, I got them by hook or by crook.
 I didn't care whom I hurt as long as I took what I wanted.
 I shunned away the friends who tried to give me good advice,
 And I would quarrel with the person who said the same thing
 twice.

It came to a point when I realised that "yesterday" was far
 away.
 I realised somehow that it was not so much better than today.
 My days of drugs were suddenly over; they were something I
 would resent.
 Every day is a gift, that's why they call it THE PRESENT.

Elaine Muscat



OMMI

Il-bieraħ bdejt naħseb f'ommi
 U kemm bikkejtha jien.
 Mara armla sraqtha mitt elf darba,
 Kont nagħmila fin fin.
 Qatt ma rajtha ferħana izda naf li
 kellha raġun.
 Kif trida tidħaq meta tant dwejjaq
 tagħha jien il-kaġun.

Kont nismagħha titlob għalija,
 izda kien kollu għalxejn.
 Jien kont moħħi biss fid-droga
 u kif nagħmel.
 Il-ġarra ġejja u sejra fl-aħħar
 din tinkiser
 U ġabruni il-pulizija.

Sa dak il-mument ma kelli ebda rimors
 ġewwa fija.
 Għadda iż-żmien u fil-ħabs naħseb fuq
 l-għażiża tiegħi.
 Kemm xtaqtha li kienet ħdejjja ħalli
 Kont ngħannaqaha miegħi.

Ja mišhuta droga, kemm nobogħdok,
 Kemm wegġajt nies,
 Kemm ħqartha lil għażiża Ommi
 L' inħobbha bla qies.

Elaine Muscat



The Ministry for the Family and Social Solidarity (MFSS) held the Leap Project closing conference at the Dolmen Hotel on the 9th of September 2015.



MCAST STUDENT – Neil Petroni

During the summer months, SJAF gave the opportunity to Neil Petroni, an 18 year old MCAST student from Birżebbuġa to work on IT related projects and tasks. Neil’s summer placement could take place thanks to the annual MITA Student Placement Programme. MITA has been running this programme for the past seven years and its main purpose is that of providing temporary job placements to IT students during the summer months within the private sector, public service, public sector and voluntary organisations.

During these months, Neil has been providing IT support to all SJAF members but most importantly he has been designing and developing a new website for the foundation and which will be launched in October. Under the supervision of the SJAF Project Manager, Neil took the initiative to identify problems in the current website and devise solutions. Due to the fact that the website is a corporate container for all SJAF activities, Neil’s role required strong communication skills, and he has shown that he not only has these skills, but that he is also able to inspire respect and cooperation when working with teammates.



Finally, Neil has also definitely shown that he is a very intelligent young person with a mind well-suited to working in all areas of the ICT industry.

The poster features a vibrant orange and red background with a torn-paper effect at the bottom. At the top center, the 'zhn' logo is accompanied by the text 'PRESENTS'. To the right, a small banner reads 'IN AID OF St Jeanne Antide Foundation'. The main title 'Strummin' WHAT A FEELIN'' is written in a large, white, hand-drawn font. Below it, the dates '9TH & 10TH OCTOBER 8P.M.' are also in a hand-drawn style. The venue 'SIR TEMI ZAMMIT HALL UNIVERSITY OF MALTA' is listed below. At the bottom, it says 'TICKETS AVAILABLE NOW FROM www.ooui.com.mt'. On the right side, there is a vertical text 'www.strumminartists.com' and a Facebook icon with 'Find us on Facebook'. On the left side, there is a small lightning bolt icon and the text 'VO/01/22'.



Join us on the 9th or 10th October at 8:00pm for the 2015 edition of STRUMMIN' - the annual concert of YCW Malta. It is being held at the Sir Temi Zammit Hall of the University of Malta in Msida.

STRUMMIN' is a YCW Malta project which promotes young people's talents whilst working for a good cause. This project is in line with the YCW's mission to train young workers to give a meaning to their lives and to find responsible and just solutions to issues they face, at local, national and international levels. Throughout the nine years in which the concerts were held, the funds collected from the Strummin' concerts were donated to several NGOs such as Suret il-Bniedem Foundation, St Joseph Home, Puttinu Cares, Richmond Foundation, the Equal Partners Foundation and Dr Klown Malta.

Each year, the team of around 60 guitarists is composed of new members and others who have participated in past YCW Malta concerts. What unites all the guitarists is a love for music and a desire to do share their skill with others for the benefit of an NGO that supports families in difficulty. YCW Malta believes in the potential of every young person to make a difference.



Like us on
Facebook

<https://www.facebook.com/SjafAntideCentre?fref=ts>

BAZAAR fi Triq Ħal-Tarxien b'risq il-Fondazzjoni

**Miftuħ kull nhar ta' Tnejn u nhar ta' Erbgħa
mid-9:00 sa 12:00**

Naċċettaw oġġetti biex jinbiegħu fil-Bazaar



DONATIONS

Your donation is truly appreciated. It enables us to sustain our services to vulnerable and poor individuals and families.

Donation to the St Jeanne Antide Foundation can be made as follows:

- **Cheque** issued to The St Jeanne Antide Foundation and posted to the Foundation: 51 Tarxien Road, Tarxien TXN 1092
- For **local bank transfers**: **APS** 2000 0681 886
HSBC 013175021001
BOV 4002003379-0
BANIF 00210404101
- If you are a Go/Vodafone/Redtouch subscriber you can donate by sending a **blank SMS** (SMS tariffs applicable):
€2.33 – 50617371 €4.66 – 50618095
€6.99 – 50618909 €11.65 – 50619217
You will receive a text message of thanks and acknowledgement
- For **bank transfers from overseas**: APS Bank, 146/147, Antoine De Paul Square, Paola PLA1260
Bank Code (Swift) APSBMTMT IBAN No: MT03 APSB 7708 0005 5047 2000 0681 886 (last 11 digits are the account number).

HOW YOU CAN HELP US - OTHER OPTIONS

- ✓ If you are getting married: make a donation instead of buying wedding souvenirs.
- ✓ If you are having a birthday party: ask friends to make a donation instead of buying a gift.
- ✓ If you are having a wedding anniversary celebration: convince your guests to make a donation instead of buying a gift.
- ✓ For funerals: you may wish to make a donation instead of buying flowers.
- ✓ Get Together: organise a spontaneous collection.
- ✓ You may wish to send us a monthly or annual donation, whatever the amount.
- ✓ You can encourage others to consider donating to the Foundation.
- ✓ Ask your employer for a matching scheme which will make your contribution go even further!
- ✓ Become a HELP-SJAF Champion and ask friends and family to make a donation.

CONTACT US: sjafngo@gmail.com

THANK YOU! WE PROMISE TO PRAY FOR YOU AND YOUR FAMILY

Foundation SERVICES

1. Family Resource Centres:

- **Centru Antida** in the heart of Tarxien. Open from 7.30am to 5 pm daily in winter time (sometimes later as well).; up to 1pm in summer Serves localities of Tarxien, Paola, Fgura and Santa Lucia. Social Work, community outreach, advocacy, referral, information, emotional support, support groups.

- **Volunteering** opportunities, included inclusive volunteering for service users.
- **Volunteer Handymen** in support of vulnerable and poor families.
- **Learning Support** for vulnerable persons supported by Foundation Social Workers. Includes: *For Children*: weekly learning support for primary level students; *For adults*: non-formal learning opportunities such as self-esteem groups & literacy.
- **Volunteer Befriending** for lonely, home-bound elderly persons
- **Counselling**;
- **Bazaar** in Tarxien (recycling and fundraising)

- **Centru Enrichetta in Birzebbuga**. Open Mondays, Tuesdays and Wednesdays from 8am to 2pm. Social Work service; Family Literacy Support Programme; MCCF service on Tuesdays from 8am to 11am (Project financed for 12 months by the EEA NGO Malta Fund managed by SOS Malta).

2. LWIEN Service – support for family carer-givers of persons with mental health problems. Includes family consultations, counselling, support groups, home-visits, social work.

3. IRENE Service in support of very vulnerable women involved in street prostitution. (Project financed for 18 months by the EEA NGO Malta Fund managed by SOS Malta).

4. SOAR Service: advocacy and support for victims and survivors of domestic violence . Includes workshops on dating violence for young persons (soarmalta@gmail.com)

5. Emotional Freedom Service for persons wanting to be free from their anger, fear or other emotional distress;

6. Overseas Development Projects: SJAF works with partners in developing countries to formulate anti-poverty projects. It has also arranged for public funding of such projects in Pakistan, Central African Republic, South Sudan and Malawi.

7. Centring Prayer Group for contemplative prayer practice.

PUBLICATIONS: ask us for list.

See "Services" & "Reports" on
www.antidemalta.com.