

# House



Newsletter of the Community  
Consultative Committee of  
the IDGP

Volume 7  
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August 2006

# Call

## Editorial

Welcome once again to this issue of House Call. I hope that our readers will find the articles of interest. We are rapidly approaching that time of the year where we ask the community for their views on who should be named "GP of the Year" and "Practice of the Year". Please keep an eye out for the nomination forms which should be available from your doctor's surgery from 1 September. Remember, this is your opportunity to tell us why your doctor is fantastic.

If you have an item that you think might interest other readers, please send the article to the IDGP for inclusion in up-coming issues.

Also a timely reminder for any health provider that if you have changed any of your contact details such as address or phone number, please let us know and this can also be put into future issues of House Call.

Word of the Month:

Strangury: The painful sensation of urinary urgency and frequency when the bladder is empty.

If you have any unusual words, drop us a line so it can be put in future editions.

Looking forward to Spring  
Edger du Bois  
Editor

## Illawarra Family Doctor Awards 2006

Do you have an extraordinary GP or does the general practice you attend provide an excellent and outstanding service to you and its patients? Then why not nominate your GP or Practice for an Illawarra Family Doctor Award!

It's that time again when you can nominate your GP or Practice for the Illawarra Division of General Practice's Family Doctor Awards for 2006.

The IDGP's Illawarra GP and Practice of the Year Awards provide an opportunity for local GPs and Practices to be recognised for outstanding service they provide to our community.

You can nominate your GP or Practice by filling out a nomination form that you can get from your doctor from the 1 September, or by filling out the form online at the IDGP's website, [www.idgp.org.au](http://www.idgp.org.au).

Nominations will be assessed by members of the Division's Community Consultative Committee.

For more information about the awards please contact Monique Piper on 4226 7052.

Here is one of the comments from a nomination last year for Practice of the Year category:

*"Consistent care and concern above and beyond other medical practices. During the previous 12 months our family has experienced numerous visits to various doctors both in Wollongong and Sydney. The genuine and personal care both Dr Danesh and this practice have provided has been exemplary. A true role model on which all medical practices should be based, especially during worrying times, when support and 'plain-English' information is most needed not only by the patient but also the family."*



IDGP Community  
Committee

The Illawarra Division of General Practice (IDGP) is an organisation which supports and represents General Practitioners. It was developed to provide opportunities for GPs to work with their local colleagues, consumers and other health or community services. It aims to achieve wider health improvements in the community.

**Please copy and circulate this newsletter. Thank you.**

## ARAFMI Illawarra; Support for Carers of People with a Mental Illness

Written by Carol Clegg, ARAFMI Illawarra Service Manager, June 2006

In recent years there has been a worldwide campaign to improve mental health education and awareness. This awareness has led to a significant reduction in stigma associated with mental illness and more people are now willing to speak out about their experiences and seek help much earlier than they have in the past. Although this is wonderful progress, it has placed enormous strain on our under resourced community mental health services. The relatively small population of people struggling with severe mental health problems and their carers have been left without appropriate specialised services to cater for their individual needs. Carers save the community enormous amounts of money as a result of their role as primary care givers. This role places enormous strain on families, often challenging their capacity to cope. Carers have experienced major difficulties contacting mental health professionals in the community or emergency departments. Carers often feel there is a general lack of consideration and understanding of their unique experiences. In particular there is a lack of understanding of common carer emotional responses such as loss, anger and shame. This lack of understanding often leads to unfair critical judgments that reinforce unhelpful barriers between service providers and carers (Jones 2004). This problem increases when the loved one has a co-existing substance abuse disorder. As a result of the difficult caring role, 58% of Australian carers have experienced ill health. 50% have reported psychological problems such as depression and anxiety and one third have

been physically injured (Briggs & Fisher 2000) Carers have identified a need for detailed mental health information, problem solving skills, coping skills, respite, social support and input into treatment decisions regarding their loved ones. (MHCA, 2000; Mueser & Fox 2002)

ARAFMI understands carer difficulties and strives to assist carers in the absence of appropriate community services. ARAFMI is a Non Government organisation acting independently from mental health services and has operated in the Illawarra since 1982. The service is managed by a voluntary committee of carers, family members, friends and interested professionals who work in mental health and community services. ARAFMI Illawarra staff have professional mental health qualifications and family life experiences relating to mental illness. They have a strong understanding of the specific support needs of carers, family/friends and aim to reduce the potential negative impact of the illness on carers, while promoting mental health and well-being. ARAFMI offers telephone support, individual appointments, support groups, mental health education and training programs, multiple family groups and advocacy. The service is free of charge and membership is optional, although membership is encouraged, as it increases the power of carer's voice in the community and allows participation in the operations of ARAFMI at local and state level. Carer support is essential for the well-being of the carer and has enormous positive effects on the loved one with the mental illness. ARAFMI is located at 1 Atchison St Wollongong NSW 2500, the phone number is 42541699, the service operates from 10.00am to 2.00 pm Monday to Friday.

### CALD Carer's Support Group

*A culturally and linguistically diverse support group for families and friends who are caring for people with mental illness.*

*Are you caring for someone with mental illness? Come and join us!*

**Aims:**

- To provide a forum for CALD families and friends to discuss issues affecting them.
- To find ways to improve access to services & support network.

**Meetings:** Every second Monday of each month

**Time:** 12noon to 2pm (morning tea provided)

**Venue:**

15 Burelli Street, Wollongong  
(St John's Lutheran Church Hall)

For more information please contact:

- Antonina on Ph: 4285 2140 (Fernhill Place Community Mental Health Rehabilitation Service)
- Angela on Ph: 4254 1500 (Northern Community Mental Health Team)

## Cheap Tobacco Is No Bargain

As the price of manufactured tobacco continues to rise the consumption of illicit, bulk or chop-chop tobacco has become more widespread. Whilst considerably cheaper than manufactured tobacco chop-chop is posing a serious health risk to consumers. One in 5 smokers in Australia have reported awareness of chop-chop tobacco and 60% of those have reported using it (1). Anecdotal evidence from the Illawarra & Shoalhaven indicates that the use of chop-chop tobacco is common and is quite easily obtained.

Chop-chop is usually produced in unregulated conditions and any two batches are rarely the same. Studies have shown that it is often contaminated or 'bulked up' with vegetable matter and unknown chemicals such as bleaches. But of greater concern is that moisture is added to increase its weight and this contributes to the presence of moulds and fungus on the tobacco. Chop-chop smokers are inhaling mould spores directly into their lungs and this can lead to fungal growths in the lung and a wide range of illnesses including allergic reactions, chronic bronchitis, asthma, aspergillosis, alveolitis, pneumonitis and Legionnaire's Disease. Ultimately the handling and smoking of chop-chop has the potential to cause illness and even fatality. (2)

The potential microbiological, bacteriological, and medical consequences of using chop-chop can be disastrous to health, especially for smokers with existing lung damage or asthmatics.

Of major concern to health workers are the false beliefs around chop-chop. Consumers will report that it is 'natural', 'organic', has fewer chemicals and is actually safer. They also report heating it to kill the mould but this actually accelerates mould growth. Freezing it is another strategy employed by users, which also has no effect on killing moulds.

This World No Tobacco Day (May 31<sup>st</sup>) we in the Illawarra are conducting a campaign to inform smokers of the specific health risks of smoking chop-chop tobacco. For more information contact either Andy Mark (ph 4232 0122) or Annie McDonald (ph 4223 8334).

What can we do as health workers? Whilst the best advice we can give smokers is to quit, they should at least "ditch the chop-chop" (3).

### References

- (1) Australian Institute of Health & Welfare (2002). 2001 National Drug Strategy Household Survey. AIHW; Canberra
- (2) The Medical Consequences of Smoking "Chop-Chop" Tobacco. Prepared for the Commonwealth Department of Health and Ageing by Renee Bittoun. Dec 2004.
- (3) Illegal tobacco leads to fungal growth. www.mydr.com.au April 2003

## Ross River Fever

Ross River Fever is a viral infection caused by the bite of an infected mosquito. The disease is also spread by these infected insects, but fewer than one in three humans will actually be infected after being bitten.

Since a variety of mosquito's species can transmit this disease, bites can occur day or night. The viral infection though, cannot be passed from person to person.

An infected person will suffer flu-like symptoms but it can also cause long-term joint pain and fatigue.

Ross River Fever is found in all States and Territories but is mostly found more often in the Northern States and coastal areas. Infections can occur year-round but is most common from late November to end April during the Wet season.

Incubation of the virus following a bite varies from 3 days to 3 weeks with symptoms developing within 7 to 14 days. These symptoms vary from person to person but commonly include painful and swollen joints, sore muscles, aching tendons, skin rash, fever, fatigue, headache and swollen lymph nodes. Less common are sore throat/eyes, nausea and tingling in the palms of the hands and soles of the feet. Some people will have recurring symptoms that may continue for up to 1 year following infection, however, symptoms eventually will disappear and leave few if any after-effects. After exposure, most people are immune for life.

There is no vaccine or specific treatment but treatment of the various symptoms can reduce the discomfort and most treatment is aimed at easing joint pain and swelling and minimizing fatigue and lethargy.

Prevention of the illness is mainly by avoiding mosquito bites through the use of screens, appropriate clothing, insect repellent and any other measure to prevent bites.

### Barmah Forest Virus;

This virus is very similar to the Ross River Virus and was first reported in 1974. The virus is found in most parts of mainland Australia and can cause widespread human infection. Symptoms are similar to the Ross River virus but there is more commonly a more florid rash present. Outbreaks of Barmah Forest Virus can sometimes occur concurrently with Ross River Virus. There is no vaccine currently available

## Nurses working in General Practice - a bonus for our community

Over 50% of general practices across Australia now employ a practice nurse, which equates to close to 5,000 nurses working in this area. In the Illawarra, there are 66 nurses currently working in practices from Helensburgh to Gerringong. The employment of nurses locally has been made affordable for GPs with the extension of the Federal Government Practice Nurse Incentive Payment. The financial support now available to GPs is likely to see even more nurses working in the general practice setting in the near future.

Practice nurses are skilled and experienced registered or enrolled nurses, who play a key role in supporting general practitioners as part of the health care team to deliver primary care services to their communities.

Below are some examples of the roles these nurses undertake in general practice:

- *Clinical support for GPs:* assisting with minor surgical procedures, wound care, immunizations (adult and childhood), specimen collection.
- *Health promotion/preventative health role:* undertaking health assessments on over 75 year old patients, healthy lifestyle education, GP management plans/ Team Care Arrangement, maintaining recall and reminder systems and disease registers, chronic disease management eg. diabetes annual cycle of care.
- *Advanced nursing role:* some registered nurses are midwives, credentialed diabetes/asthma educators, womens health nurses, child and family health nurses, or authorized nurse immunisers (these nurses can administer childhood and adult vaccinations without a doctor's order).

A report on *Consumer Perceptions of Nursing and Nurses in General Practice (2002)* clearly states some important considerations for nursing in general practice. Consumer opinions included that they did not want nurses be a substitute for doctors, that nurses must not take away the choice of consumers to see a doctor, and also that there should not be an extra cost involved with seeing a nurse.

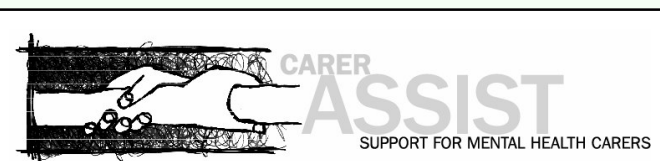
The nursing role in general practice is designed to compliment that of the GP, not substitute it. Both skills and attributes of the GP and the nurse working together aim to achieve the best health outcomes for the practice's population. There is currently no extra cost for the patient associated with receiving nursing services in general practice. The GP is able to access several Medicare item numbers for activities nurses undertake such as immunisation, wound care and cervical screening. There is also scope for more nursing services to be funded

under medicare in the future. So, nurses working in general practice is truly a win win situation for our community.

If you would like to find out more about nursing in general practice, please contact the Illawarra Division of General Practice, Practice Nursing Program Officer Ms Anne Harding on ph: 4226 7052 or email [aharding@idgp.org.au](mailto:aharding@idgp.org.au).

The *Consumer Perceptions of Nursing and Nurses in General Practice (2002)* report can be found at the following website, along with other nursing in general practice documents.

<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/pcd-nursing-pubs>



Formerly the Carers Support Unit. A service of the Schizophrenia Fellowship of NSW Inc. **Carer Assist** is a non-government service which supports the Carers and Family of People with a diagnosis of Mental Illness by providing:

- Telephone & individual Support (by appointment)
- Information
- Education
- Advocacy

**Carer Assist** also provides Information and Education on Carers issues, the mental health system and services to community organisations and to the general public.

**Carer Assist** is located Upstairs at the:  
**Bulli Community Centre,**  
**328 Princes Highway, Bulli**  
(PO Box 2027, Woonona East, 2517)

Carer Advocates ~ Rhonda Benson  
& Toni Garretty

Tel: 42850155 Mobile: 0422 406616  
Email: [rhonda@sfnsw.org.au](mailto:rhonda@sfnsw.org.au)  
[toni@sfnsw.org.au](mailto:toni@sfnsw.org.au)

Service Hours:  
9.00am – 5.00pm - Monday, Tuesday & Friday