

Life on the Margins- Living with Mental Illness and HIV

By Nikki Woolley, SANE Australia

People severely affected by mental illnesses such as schizophrenia and bipolar disorder who experience severe episodic mental illness, have been identified as a high risk group for HIV/AIDS in Australia,^[1] and are among the most marginalised people in our community. There is also a high prevalence of psychiatric disorders among people with HIV.^[2] Severe mental illness has also been associated with decreased uptake and adherence to antiretroviral therapy, as well as increased viral levels.^[3] A Western Australian study found that the rates of hospitalisation for HIV for people affected by mental illness was three times as high as expected, with that rate increasing to nine times as high for people with psychoses.^[4]

The emotional impact of an on-going physical illness such as HIV can itself be profound, leading to depression or anxiety. This mental illness can then worsen or complicate living with HIV.

Mental illness often emerges in late teens or early twenties – interrupting the process of discovering and building on sexual identity as well as education and working life. Seventy-five percent of mental health disorders emerge before

age 25, peaking in later adolescence and early adulthood.^[5]

People with mental illness are a diverse group, making up around 20% of Australia's population in any given year. With a lower than average socioeconomic status, most are in a long-term relationship, employed and have finished high school.^[6] However the sub-group of people with more severe mental illness, such as psychosis, comprise 1-2% of the population, with most not in a long-term relationship nor employed.^[7]

Mental illness and sexual health

Like many people living with HIV, people with mental illness can find themselves hugely isolated and uncared for. In a recent SANE Australia survey of people severely affected by mental illness, half had no current close relationship (compared to 15% of the general community) and 35% had had no sexual contact in the previous 12 months. One in six had not touched or been touched by another person for more than 12 months.

Yet people with mental illness are, of course, sexual beings and sexual health and intimacy also emerged as areas of concern for many SANE study respondents. Approximately 50% had not discussed their sexual health with their doctor or health worker and 46% were not receiving routine health checks.^[8]

The group with the greatest opportunity to promote the sexual health of people

affected by mental illness is ignoring the issue. Recent UK research has revealed that while 80% of the sampled mental health professionals agreed that promoting sexual health was an important part of their role, only 30% routinely discussed sexual health issues with service users. This may be partially explained, although not excused, by 14% feeling uncomfortable discussing sexual health issues and 13% feeling uncomfortable discussing gay and lesbian issues.

People affected by mental illness generally have much poorer physical health than that of the general population, experiencing heart disease, cancer, diabetes and other conditions at far higher rates. The death rate is two and a half times higher than the general community. This is because of the direct effects of mental illness and its treatment.

During episodes of some mental illnesses, there can be an increased risk of contracting HIV because of impulsivity, high levels of sexual activity and poor skills in negotiating safe sex. Mania during acute phases of bipolar disorder and substance use disorders have been identified as times of greater risk.^[9]

The high-risk for HIV infection is established in one 2001 Australian study of people with chronic mental illness. This study found 20% of men and 57% of women who had what was described as 'casual sex' in the previous 12 months, never used condoms. The

study cited research that people with mental illness were eight times more likely than the general public to have ever injected illicit drugs and had a life-time prevalence of sharing needles of 7.4%.^[10]

Libido, sexual functioning and relationships more generally can also be greatly affected. People dealing with mental illness and its treatment can experience loss of interest in sex. Women may experience dryness and pain during sex and men may experience difficulty getting or maintaining erections affecting arousal and orgasm. Emotional withdrawal, decreased confidence and energy levels contribute to sexual health and relationship issues. There may be increased vulnerability to sexual exploitation by others and clients with mental illness may also feel the on-going impact of past sexual, physical or emotional abuse.^[11]

When illness and medication may reduce interest in and ability to have sex, there is an inevitable impact on one's sense of self and identity. Weight-gain associated with anti-psychotic medication can lead to a loss of confidence, which of course makes it harder to meet someone and get into a sexual relationship of some kind. The effect of this on quality of life is significant.

Discrimination and social isolation

Multiple layers of discrimination experienced

Continued P.3

<p style="text-align: center;">Contents</p> <p>1-3. Life in the margins.</p> <p>4 Nurse Philip.</p> <p>5-6. My Story.</p> <p>7. Brenda's Blenda.</p> <p>8. Coming Events</p> <p>8. Changes to PLWHA ACT</p>	<p>POSITIVELY is a regular publication for people living with HIV/AIDS in the ACT and surrounding districts. Currently we are looking for people to assist us with the publication e.g. writing groups. No experience is necessary as we will provide training in all aspects of publishing from writing articles through to the printing stage. If you can spare a couple of hours from time to time please drop into the office for a chat or give Marcus a call. Positively is a monthly publication produced within the ACT with funding from the ACT Dept of Health. Submissions for the next edition are due on Friday 26th February. Opinions expressed in this publication do not necessarily reflect those of the editor, publisher, nor PLWHA ACT.</p>
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Positive Support Services in the ACT and surrounding areas

<p>People Living With HIV/AIDS ACT</p> <p>Provides support for HIV+ people in the ACT through a newsletter and links with other PLWHA organisations throughout Australia. We also provide individual support with advocacy and representation on health and other issues, and referral to other agencies. Ph 6257 4985</p> <p>Positive Support Network</p> <p>HIV+ people get together to offer support and share information. PSN is mostly a social occasion where people can share the experience of being HIV+ over a free meal, without the formality of a structured meeting. Dinner on alternate Tuesdays. Ph 6257 4985.</p> <p>Positive Women's Group</p> <p>The Positive Women's Group meets for social activities throughout the year. For information on the group's gatherings or if you would like to suggest some activities contact Marcus, Nada or Stephanie on 6257 2855 or 6257 4985</p> <p>Trevor Daley Fund</p> <p>The Fund provides assistance for people with HIV/AIDS who are experiencing financial hardship, for the part payment of bills, a treatments allowance and some other costs. Applications can be made to the TDF Committee by any service provider. For more information call the TDF on 6257 2855.</p> <p>Counselling</p> <p>Stephanie Buckle is the AIDS Action Council counsellor. Free consultation available to all HIV+ people, their partners, carers or significant others. Phone 6257 2855 to make an appointment.</p> <p>Jane Keany is the counsellor for the ACT Division of General Practice HIV/AIDS Program, and offers subsidised counselling services for people infected with or affected by HIV, their significant others and people at risk of HIV infection. Jane is available at the Interchange General Practice. Phone 6257 3004 or 0402 222 408 to make an appointment</p>	<p>Health Maintenance and Treatments Information</p> <p>All enquires to Marcus Or Nada</p> <p>Phone 6257 2855</p> <p>Treataware www.treataware.info</p> <p>Nutrition</p> <p>Consultation with a dietitian from The Canberra Hospital is available free at the Canberra Sexual Health Centre. Appointments necessary. Phone Canberra Sexual Health on 6244 2184.</p> <p>An HIV specialist nutritionist from Melbourne will be visiting quarterly. For further info contact Marcus or Mick on 6257 4985</p> <p>Canberra Sexual Health Centre</p> <p>Co-located with The Canberra Hospital. Free service available (no Medicare card is required) for testing and treatment of STIs, HIV clinic and counselling for issues such as safe sex, relationships and sexual functioning problems. Walk-in consultations available for urgent matters. Call on 6244 2184 to make an appointment.</p> <p>Library</p> <p>PLWHA and the AAC have an extensive range of books and videos for your enjoyment.</p> <p>Educational books on HIV issues, cooking, Sci-Fi and general reading material, just to name a few of the areas covered. If you would like to borrow any of them please see Lynn or Mandi at the AAC reception desk who will sign them out to you and explain the borrowing conditions. We also have a number of new books in the library this month.</p>	<p>Greater Southern Area Sexual Health and Hep C Service</p> <p><u>GSAHS Queanbeyan Sexual Health Service</u></p> <p>For Appointment</p> <p>Ph- 02-6298 9233</p> <p><u>Aboriginal Sexual Health HIV/AIDS Worker</u></p> <p>Sharyn Medway</p> <p>Ph 02-4827 3913 Mobile 0429 985 606</p> <p><u>Sexual Health Nurses</u></p> <p>Christine Taylor - South Coast, Batemans Bay - Eden</p> <p>Ph- 02-4476 2344 Mobile 0427 219 874</p> <p>Queanbeyan-Goulburn Region</p> <p>Ph- 02-6298 9213 mobile 042 789 3247</p> <p>Margaret Traill</p> <p>Albury 02 6058 1839</p> <p>Robyn Ridley & Sally Anne Brennan</p> <p>Wagga Wagga 02 6938 6492</p> <p>Sally Daveron</p> <p>Griffith 02 6966 9930</p> <p><u>Clinical Nurse Consultant</u></p> <p>Alison Kincaid Albury 02 6058 1831</p> <p><u>Sexual Health Physician</u></p> <p>Dr Katherine Turner</p> <p>Ph 6298 9213</p> <p><u>HIV/AIDS Related Programs Manager</u></p> <p>Michael Bolton</p> <p>Ph: 02 6923 5774</p>
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The Fine Print

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because of HIV status, sexual identity and mental illness compound the effect on mental and physical health.

Recent research in the UK found that respondents from the general community would find it harder to 'come out' about mental health problems than being gay, having cancer or being bankrupt. It is not hard to understand why as the study also found that respondents were four times more likely to break off a romantic relationship with someone who gets severe depression than with a partner who has a physical disability.

A major effect of discrimination is increased social isolation. Social isolation also contributes to poor physical health outcomes.^[12] Social isolation is a known risk factor for depression, with rates of other mental and behavioural problems and psychological stress higher among adults who live alone than in those sharing a household with at least one other person.^[13]

Research shows that some people affected by mental illness feel discrimination more deeply and internalise the stigma associated with the illness, while others with a strong sense of community can resist the stigma. People who 'self-stigmatise' are more isolated, alienated and socially withdrawn than those who do not internalise the stigma. This social isolation usually involves withdrawal from, and problems with, friendships and family relationships, the potential source of greatest support, as well as social and health services.^[14]

Recommendations

The sexual health of people severely affected by mental illness is all too often

ignored. This population has been shown to be at-risk of HIV infection and is worthy of targeted HIV prevention programs. Should this group be prioritised, the best approach will be found through consultation with people with mental illness and mental health professionals. SANE Australia would be interested in assisting with a consultation process such as this.

For those people with severe mental illness and HIV/AIDS, high quality care will sometimes involve intensive access to both mental and physical health services. Psychotropic medications can interfere with the effectiveness of some HIV treatments so strong relationships across health services must be built to ensure the best possible outcome for the client.^[15] The client needs to be part of discussions wherever possible. The importance of good relationships with their GP and psychiatrist cannot be over-emphasised. A holistic approach to health is highly beneficial and is slowly emerging in the mental health sector through recovery and wellness planning.

Wellness is built on social connectedness, secure sexual and cultural identity, good housing, freedom from violence and meaningful work. Supporting clients with these determinants of health will create a strong foundation for better mental and physical health.

SANE provides information and advice about mental illness to health professionals and the public through our Helpline 1800 18 SANE (7263) and website www.sane.org. Download free factsheets, research bulletins and podcasts.

Nikki Woolley is the Mind and Body Project Coordinator for SANE Australia. Mind and Body works to improve the physical health of people affected by mental illness and the mental health of people affected by chronic physical conditions.

SANE Australia is a mental health charity working for a better life for people affected by mental illness through education, applied research and campaigning for improved services and attitudes. It runs the only national Freecall Helpline and Helpline Online service about mental illness, which helps thousands of callers every year.

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DO YOU KNOW YOUR HEALTHCARE RIGHTS?

The Australian Chapter of Healthcare Rights, advocates the rights of patients and other people using the Australian health system. These rights are essential to make sure that, wherever and whenever care is provided, it is of high quality and is safe.

- ACCESS**
You have a right to health care.
- SAFETY**
You have a right to health and high quality care.
- RESPECT**
You have a right to respect, dignity and medication.
- COMMUNICATION**
You have a right to understand your illness, treatment and to be involved in decisions about your care.
- PARTICIPATION**
You have a right to contribute to decisions about your care.
- PRIVACY**
You have a right to privacy and confidentiality of your personal information.
- COMMENT**
You have a right to comment on your care and to have your concerns addressed.

For more information on the rights set out in this booklet, please contact the Australian Chapter of Healthcare Rights, or visit www.healthcarerights.org.au

Nurse Philip

Dear Nurse Phillip,

I have heard that HIV positive women are progressing more rapidly into menopause than those who do not have the virus. I am hesitant to go on hormone replacement therapy and was wondering what alternatives you would recommend.

Menopause consists of a number of hormonal and physical changes that women experience as the ovaries reduce their production of the hormones oestrogen and progesterone. This process, which may take between one and 10 years is associated with the cessation of menstrual periods. Around the time of menopause, women can also experience other symptoms, such as "hot flushes", fatigue, memory loss, vaginal dryness, decreased libido, mood changes and sleeplessness. The risk of heart attacks and bone loss (osteoporosis) are also associated with the hormone changes of menopause.

As with many biological processes, there is a lot of variation between people. Some women complete the menopause in their late 30s and others in their late 50s. The average age is around 51.

On average, women with HIV start menopause earlier than women without HIV, but this may be only by a matter of a year or so. This effect would only become apparent in the small group of women who would have started their menopause in their late 30s; it may begin in their mid-30s. For most other women, the time of onset of menopause will be in the expected age range. Factors, such as smoking, injecting drug use, low levels of physical activity and low CD4 count also contribute to earlier menopause.

As women who have HIV may be at increased risk of osteoporosis and heart attacks and there are also suspicions that antiretroviral therapy (ART) can also promote them, it is important to take care of your heart and bone health.

So for your heart, this means checking for cardiovascular risk (and addressing any modifiable risk factors such as obesity, smoking and high blood lipid levels). You can improve bone health by doing some regular weight bearing exercise, taking calcium supplements and Vitamin D (or getting more sun) if your Vitamin D levels are low.

The issues around hormone replacement therapy (HRT)

are complex. HRT may reduce the likelihood of heart and bone problems, and oestrogen therapy is very effective at reducing uncomfortable symptoms of menopause. There is no evidence that taking HRT for 3 years or less causes any increase in breast cancer risk. HRT can increase the risk of blood clots in people who have a history of this.

Fortunately, there are very few drug interactions between HRT and ART. Discuss these issues with your doctor; this will help you to balance the risks against the benefits. If you start HRT, be sure to review your need for ongoing treatment once every 12 months. Some antidepressants, taken in reduced dosages can help reduce hot flushes; talk to your doctor if you want to try this approach.

Some women use complementary therapies and report an improvement in menopause symptoms. A number of plant-based medications have demonstrated effectiveness in reducing menopause symptoms; others, however, have shown very little conclusive evidence of any effectiveness. If you want to use complementary therapies, consult with a reliable practitioner and once again, monitor your progress. Also, let your doctor know what treatments you are taking. Some complementary therapies interact with medications that are used in the management of a range of conditions, including HIV.

Worker's Reference Group Name Change

Due to the changes occurring in PLWHA ACT at present, it was felt that the existing name no longer reflects the working practice or original intent.

Therefore the group has decided to change the name to the Members' Liaison Group (MLG) to hopefully give a better indication of the group's purpose. The MLG consists of 3 to 4 PLWHA members who usually meet monthly (or more often if required) with the PLWHA worker. Future and present issues that may affect the members of PLWHA ACT, and the tasks of the worker, are discussed.

As in the past, we have called for expressions of interest and this year the group consists of Kenn B, Mandi C, Geoff P and Peter R. If you have any questions concerning PLWHA that you would like the group members to discuss at our meeting please don't hesitate to contact one of the MLG members or the PLWHA worker.



Williams Housing Project

As most of you would be aware the AIDS Action Council (AAC) and Havelock Housing Association administer

the Williams Housing Project (WHP), a community housing initiative for People Living with HIV/AIDS ACT. This project has proved to be a very successful model in providing long term stable

accommodation for those people involved. However with all things sometimes people move on or out grow their current housing situation which allows vacancies to come up.

My Story

Four years ago I was diagnosed with HIV, What a shock for a then 60 year old woman who had been married since I was 17yr old to the same man. (Always faithful). I thought I had a wonderful marriage, I had a lovely home and family, a high profile job, and was a very respected member of the community for 43 years.

Another shock: My husband had been leading a secret life for over twenty or so years on his trips to Sydney. He attended sex parties and had indulged in drugs so he informed me after his diagnosis.

He had been very ill for a quite some time, finally getting kidney failure and ending up in hospital for months before a final diagnosis. We had visited heaps of doctors and specialists over a long period but not one thought to test him for HIV. Why would they? He was a very respected citizen with a loving caring wife and a good family man. If the doctors had tested him as a routine test he may never had gotten kidney failure and ultimately die in 2007.

After many traumatic months, many tears, a thousand prayers and running away from the area we had lived in and many sleepless nights after the diagnosis, he started medication and improved so was discharged into my daughter's care for 11 months. During this time I cried a million tears as not only had I lost my husband but also my home, my job, many family members, my community, and my whole way of life. All this on top of being told that I also had HIV. To me this was the ultimate distress as in my job I had been responsible for training staff in infection control so I was a bit paranoid about getting anything myself. I never in a million years would have dreamt that my husband would be my infector. I ended up looking after him for nine months until he died in 2007.

I was so embarrassed attending clinics and doctors, dentists

etc, having to talk about my condition. I tried to avoid this as much as possible. I would hide in the toilet or outside then asked if I could go to a separate area to wait. I was sure everyone was looking and talking about me. It is not quite so hard now.

Four years on, my frame of mind is in a totally different place, I have accepted that I cannot change what has happened to me, I am a diligent church goer and have found this very comforting.

I take my medication very diligently and feel and look better than I have for many years as many stresses have been removed from my life.

My life is now totally different from how it was for so many years. I have little contact with people from my past. I am not sure if any of them know. I have not told anyone from the area I used to live, however, small town gossip is always rife so who knows.

After three years when I was feeling that I was not going to go insane and that I could get on with my life I revisited quite a few people. They were all very loving and kind but every time I am with them my thoughts are "Do they know" I have not been rejected by any of them so maybe they don't know.

I have told all my family and have been given unconditional love from the big family that I have. They support me so much and care for me. I have one friend that supports me, when I told her I had HIV she said "So, that doesn't change who you are" Very comforting.

I still keep running, I cannot settle in one place for too long, I do not get close to new friends and I isolate myself a lot. I am always fearful that people will find out and that I will be treated badly. I travel between families and am so blessed that my health is still so good. I look after my body, both physically and spiritually. In my travels I often sit among a crowd and wonder "What would they say if they knew I had HIV" I also wonder if any people in that crowd has it.

It is sad that other people do have it but I find it comforting talking to people in a safe environment who have also been diagnosed.

Never in my wildest dreams

four year ago would I have imagined that I would be dining with gay men, bisexual people and a room of HIV positive people. These are now my support network where I feel more comfortable than with people without HIV. I don't have to be guarded in my conversation every minute. When I am with negative people I am always on edge, especially if HIV or AIDS is mentioned.

I have come a long way in four years and getting better each day. Many good things now happen in my life. It could be so much worse if I had some other terrible diagnosis. If I did not have HIV my life would be so different, I have met some great people in my journey, especially the support workers and doctors in three different states that I cover in my travels. I am fortunate that I can travel whenever I want, usually to stay with my family. The support network for people living with HIV is different but good in the states that I have used them. NSW, QLD, N.T and ACT.

I always have to be thinking about times for medication on my travels, always making sure I have water to wash the pills down keeping eye on the time as I am diligent in taking them on time.

I always pack my pills in my hand luggage as they are my security. When thinking of travelling I must check the amount of pills I have to ensure a supply until my next appointment in whichever state I am going to be. They are never out of my mind for very long and this is a constant reminder of the condition I have. When travelling overseas it can be a very nervous time when going through customs with my pills. I always make sure I have an updated letter from my Dr which states I need the medication but never says why.

In overseas countries I am on edge because of their hygienic conditions, I always fear I will get sick and have to go to their hospitals. When I was in Thailand, I fell down one of the shopping gutters which has every describable disgusting thing in it. I scraped my leg badly and was bleeding. I will never let anyone help me if I am bleeding and always carry a good supply of medical gear with me. I very quickly washed it and dressed it and cared for it very carefully. I was sure I was going to get some terrible bug in it and have to go to the hospital.

My fears were allayed and it did get better in a few days. I am very careful where I walk now.

Time zones can be an issue, not only overseas but also the differing states in Australia with daylight saving.

If I am driving anywhere I always have to be mindful not to let my medication get overheated. The first thing I pack are my tablets, they rule my life.

It does not matter how supportive family and friends are, they cannot get inside my mind and no one truly understands what each one of us goes through as we are all so different and from such diverse backgrounds.

Aging and HIV are my challenges in life now. I could write a million words on my journey to this point in my life as there are so many elements to cover.

I face each day with a positive attitude and keep busy and interested in life. I have many blessings and will face any future challenges as they come. I know I will never find the happiness I had in my life as I have lost my great enthusiasm I always had before I was diagnosed.

INTERNATIONAL WOMEN'S DAY 9th MARCH

The AIDS Action Council of the ACT
wishes to invite
you to a special viewing of
DIAMONDS
DIAMONDS - Stories of Women from
Asia Pacific Network of people
living with
HIV
AT WESTLUND HOUSE ,
16 Gordon Street, ACTON
Tuesday, 9th March 2010
From 6pm – 7.30pm
RSVP on (02) 6257 2855
Light supper provided
All welcome

Dear PLWHA ACT Members

Pharmaceutical Benefits Scheme (PBS) 2010

What is the PBS Safety Net?

If you or your family need a lot of medicine in a calendar year, the PBS Safety Net helps you with the cost of your medicine. Once you or your family reach a safety net threshold, you can apply for a PBS Safety Net Card—your PBS medicine will be less expensive or free for the rest of the calendar year.

Your safety net accumulates from the first of January.

What's new in 2010?

The cost of the co-payment has risen to \$5.40 for a concession card holder and \$33.30 for general consumers.

What you also need to know...

In 2010 the **general** patient Safety Net Threshold is \$1281.30

In 2010 the **concessional** Safety Net Threshold is \$324.00

The Safety Net Threshold includes prescriptions filled at both community pharmacies and out-patient pharmacies at public hospitals

Not all fees and charges levied by pharmacies will count towards the safety net threshold

The safety net 20 day rule means that if the medication is dispensed within 20 days of previously being dispensed then it will not count towards the safety net threshold. Talk to your pharmacist or prescriber if you think this could have an impact on you

It is up to you to check when you have reached the Safety Net Threshold and to apply for access to the safety net – ask your pharmacist or contact Westlund House for further information

A Prescription Record Form maintains the record of your PBS expenditure. These are available from all pharmacies.(if you stick to one pharmacy they may do this for you)

PBS Safety Net families include same-sex de facto partners

Couples living **separately** due to illness, infirmity, or frailty (e.g. for nursing care or in an residential or aged care facility) can access PBS Safety Net benefits jointly as a family in the same manner as if they were living together.

Marcus Bogie

Living Well
Coordinator

AIDS Action
Council of the ACT

If you choose a more expensive brand of medicine, or if your doctor prescribes one, the extra amount you pay won't count towards your PBS Safety Net.

Brenda's Blenda

Now that the excitement of Christmas & New Year is over and our bank balance is a lot lighter, I still like to have a few friends around especially for a Sunday lunch with a good CD and the Sunday papers.

Hash Browns with Poached Eggs & Bacon

This is a favorite of mine as well as my friends and so easy to prepare. Here is what you need to serve 4 people.

1. 500 gm frying potatoes, peeled.
2. Salt and cracked pepper.
3. 8 rashers of bacon, rind removed.
4. 60 gm butter.
5. 1 tsp white vinegar.
6. 4 Eggs.

How to prepare

Place the potatoes in a large saucepan of salted cold water and bring to boil, Cook for 15 min or until tender (when tested with a fork), drain and set aside to cool slightly. Roughly chop & add salt and pepper.

Cook the bacon in a non stick pan over a medium heat for 5 minutes, drain on absorbent paper and set aside to keep warm. Add butter to the pan then place 2 egg rings on the base and fill with some of the potatoes, cook each side over a medium heat for 5 minutes or until crisp and golden, remove and set aside to keep warm, repeat with the remaining potatoes.

Heat a deep frying pan of water over a low heat until simmering, add the vinegar and use a wooden spoon to create a gentle whirlpool. Crack the eggs into a small bowl and gently slip into the water, cook the eggs for 3-4 minutes. Remove with a slotted spoon serve with bacon and hash browns and ,of course, lots of toast.

Enjoy

Love Brenda.



MASTERPIECES FROM PARIS NATIONAL GALLERY OF AUSTRALIA CANBERRA

In December last year a group of us from PLWHA ACT attended a Special Access Viewing at the National Gallery of Australia for the exhibition Masters from Paris.

There is no need to travel to Paris to see these major works by Vincent Van Gogh, Paul Gauguin, Paul Cezane, George Seurat, Pierre Bonnard, Claude Monet, Henri Da Toulouse-Lautrec and Edward Villiard. These are now on display at the National Gallery of Australia.

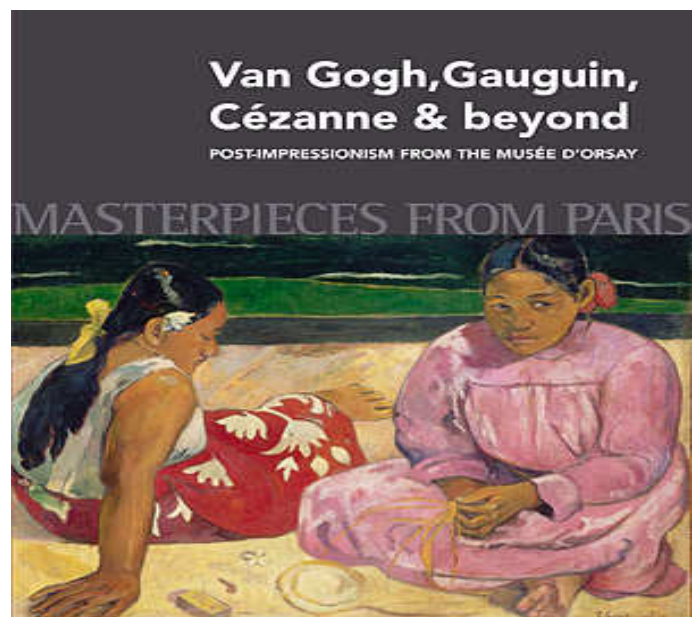
Masterpieces from Paris explores the expressive arrival of modern art in Europe. The exhibition features 112 of some of the best known works of modern art from the Muser D'Orsay in Paris, one of the great museums of 19th century art.

A special feature created especially for children was an actual life size room of Van Gogh's bedroom which is based on the painting by the artist. The walls, floor and furniture are all replicated, right down to the linen, pillows and a towel hanging on the wall. Standing at the door of this room was as though you had actually walked into this oil painting.

What a wonderful experience to view this exhibition as it was the first time most of these pieces of art have left Paris.

MB

Gauguin's Tahitian Women -1891



DIETITIAN'S CLINIC

Jenny McDonald

will conduct a Dietitian's Clinic at the
AIDS ACTION COUNCIL Westlund House on
TUESDAY 27th April 2010

Please call Mick on 6257 4985 for further
information and to make an appointment.
Please bring your latest blood test results to the
Clinic.

COMING EVENTS

Wednesday 10 February

PSN Lunch 12 - 2pm Westlund House

Tuesday 16th February

PSN Dinner 6pm Westlund House

Wednesday 17th February

PSN Lunch 12-2pm Westlund House

Wednesday 24th February

PSN Lunch 12 - 2pm Westlund House

Thursday 25 February

Legal clinic from 6pm Westlund House

Tuesday 2 March

PSN Dinner 6pm

Wednesday 3 March

PSN Lunch 12 - 2pm Westlund House

**Monday 8 March Canberra Day Public
Holiday Westlund House Closed**

Wednesday 10 March

PSN Lunch 12 - 2pm Westlund House

Tuesday 16 March

PSN Dinner 6pm Westlund House

Wednesday 17 March

PSN Lunch 12 - 2pm Westlund House

Wednesday 24 March

PSN Lunch 12 - 2pm Westlund House

Thursday 25 March

**Legal clinic from 6pm Westlund House
Westlund House**

Tuesday 30th March

PSN Dinner 6pm Westlund House

Wednesday 31st March

PSN Lunch 12-2pm Westlund House

Wednesday 8th April

PSN Lunch 12-2pm Westlund House

Tuesday 13th April

PSN Dinner Westlund House

Wednesday 14th April

PSN Lunch 12-2pm Westlund House

Wednesday 21st April

PSN Lunch 12-4pm Westlund House

Tuesday 27th April

**Dietitian Clinic- Jenny McDonald
Westlund House 0930am-315pm to
make an appointment please call
62574985**

Tuesday 27th April

PSN Dinner 6pm Westlund house

Notice of some changes to PLWHA(ACT).

This is just a quick update on some of the changes that our organisation is going through. The Members Liaison Group (MLG) thought that it was important to keep you informed of the process. With Marcus's recent move to the position of 'Living Well Co-coordinator', still within the Client Services (CSSU) area of the AIDS Action Council, Mick has been the sole PLWHA worker. This may be more noticeable now with Marcus moving offices.

As we've said before, this is naturally leading to a lot of changes in the work that we can now do, especially with Mick only working 3 days a week at present. The changes within the CSSU client service delivery to our members, have meant that the types of things PLWHA can now work on are changing greatly. Our job, like the Epidemic, is always changing.

This is a major undertaking for a "part-time & volunteers" organisation of our size and is a long process. We are reviewing and rewriting a lot of things, including Mick's job description, our long term strategies and examining just where we need to direct our energies. This is why the members of the MLG are always nagging you for ideas!

Hopefully by the time of the next newsletter many of these changes will be finalized. There will be another, longer, update then, to let you know exactly where we are in the process. One change that you may notice in the meantime is Lexxie's move to our end of the building. She works for the Sex Worker Outreach Program (SWOP) and will only be in the office part time, but please introduce yourself if you do happen to meet.

Kenn Basham.
Member of MLG.