



Community Drug Summit: A Personal Reflection by Francis Lynch

During the week of the 13th to the 17th August it was difficult to miss the Community Drug Summit that was occurring in the Western Australian parliament. There were 100 community members sitting in the seats that the parliamentarians usually occupy and the debate was all on the topic of illicit drug use.

I was one of those hundred along with some other social workers, drug workers, lawyers, judges, psychologists, parents, grandparents, and drug users (not all mutually exclusive of each other). Each of us was there because we had made an application to attend and were accepted from amongst the 1000 who had applied.

I'm sure each person attending the summit had a particular reason for being there. Mine was that I wanted to raise awareness about the increasing number of children coming into care as a result of parental drug use. I was also interested in being there as the agency that I work for, Mercy Community Services, is starting an internal drug service to assist our current programs. We have accepted that drug use affects many of the individuals and families that we are in contact with. We have decided to operate a drug service to give better service to our clients.

The atmosphere

It was amazing actually sitting in the Legislative Assembly - knowing that was the first time that the chamber had been given over to community members to debate an issue. I think everyone at the summit felt honoured to be there - regardless of what they think of the people who normally reside there.

A notable event occurred on the first day when Richard Wally and Ben Taylor, performed an Aboriginal welcome ceremony. This was the first time that such an event had ever occurred in the parliament and the first time a didgeridoo had been played in the chamber. A similar ceremony was performed at the end of the summit involving all the Aboriginal staff and delegates, including Michael Wright, Danny Ford, and Josie Maxted (all social workers).

I think another amazing aspect of the atmosphere is that despite there being some very divergent views in the room the debate was very civil, ordered and polite. We saw no personalising of the issues or reliance on stereotyping. That is not to say that all issues were agreed unanimously - far from it - but there was a lot of common ground.

I think that the chairing of the week was very fair and allowed people to be heard and great credit for this must go to the Hon. Fred Chaney for the conduct of the summit.

An online version of this newsletter can be found at <http://westausasw.highway1.com.au/>

The process - a social policy experiment

The first three and half days were a bit like going to a conference. There were a great many speakers who in many cases were the leading people in their field in Australia. There was an initial attempt to scope the issue of illicit drug use in Australia and to also understand the way that other countries, particularly Sweden and Switzerland, deal with illicit drug use.

Prof Fiona Stanley and Prof Sven Silburn, both from the TVW Telethon Institute of Child Health Research spoke about the benefits of prevention and early intervention strategies in dealing with drug use. Their presentations were very well accepted and these ideas were pursued in some of the recommendations passed at the end of the summit. Most social workers would find the early intervention ideas very pleasing as they are in essence community development strategies. The beauty in the way that Professors Stanley and Silburn presented it is that they were able to point to evidence that greater community cohesion provides reduced occurrence of anti-social activities such as problematic drug use.

Then days two and three provided a range of speakers and views on the demand for illicit drugs, the supply of drugs, policing, the effects on families, drug user perspectives, and Aboriginal perspectives. There were a lot of issues that were included here such as drug courts, safe injecting rooms and legislative issues.

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The proceedings of the Drug Summit are available on the web at http://www.drugsummit.health.wa.gov.au/summit_proceedings.html which gives access to all of the presentations.

The working groups

The main bulk of the work of the summit was done in nine working groups. The focus of these groups was decided in advance by the Community Drug Summit Office. Before the Summit commenced an issues paper for each of the nine areas was prepared, widely circulated and an opportunity for community consultation was advertised. The nine areas were:

- Linking drug strategies into overall social policies
- Young people and illicit drug use
- Supporting families to deal with illicit drug use
- Drug use in Aboriginal communities
- Prevention and early intervention strategies
- Treatment for drug users and reintegration into the community
- Broadening the provision of treatment for drug users
- Drugs and law enforcement, including diversion and prisons
- Reducing harm to individuals and the community caused by illicit drug use

The issues papers for these topics are still available on the Drug Summit web site (<http://www.drugsummit.health.wa.gov.au/>).

The membership of the working groups was determined by the organisers. I was a member of the group dealing with *Supporting families to deal with illicit drug use*. We spent about eight hours in discussion over the first three and a half days working through our ideas and what we might be able to present as five recommendations to the whole summit.

I was elected as chair of our group, and with the assistance of Maria Harries, our facilitator, I tried to see what we could agree on. The members of our group were very diverse reflecting service providers, community members, and people who had been directly effected by drug use. It was quite difficult at times to find points of agreement so as to present recommendations that we could all agree on.

The recommendations

There were 45 recommendations passed by the Summit - including some contentious ones, with 35 of the 45 recommendations passed by at least 90% of the delegates.

The "heroin prescription trial" and "further consideration of supervised injecting services" were passed with 61% and 63% voting yes. These issues did not dominate the debate at the summit. In fact, the issue of a heroin prescription trial was only mentioned in passing and did not have a great deal of discussion until the time for voting on the last day. There was a sense that the process of the summit was hampered by the time available - meaning that several complex issues could not be fully explored.

The other fairly contentious issue was that of cannabis law reform. The recommendation that was passed allowed for continued prohibition of cannabis with civil penalties rather than criminal penalties. This decriminalisation of cannabis was supported by the Police Service representatives at the summit and was passed by 72% of delegates.

Many of the recommendations that were heavily supported are ones that most social workers would endorse. There were several that encouraged the government to invest in basic community building activities. The prevention strategies agreed

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to, recognised that we need to support families and individuals via the integration of a broad range of social policies in ways that promote community cohesion. Many of the presenters acknowledged that some of what is portrayed as "early intervention" is often too late and that supportive services to parents of young children will have a long-term benefit.

Government response - putting people first

The Gallop government finally responded to the Drug Summit on 27 November 2001. (Its response is available at the Drug Summit web site.) The catchphrase of the government response to the summit is "putting people first". The Premier's press release stated

"The priority of my Government is to put people first, to consider and pursue strategies that can save lives and stream people who are affected by drugs into appropriate treatment."

The government is spending an extra \$5 million, half being spent this year on new services. In the report itself many other government initiatives were identified as responding to the recommendations of the summit. However, these latter ones were already budgeted for by the government and were not new monies.

Examples of new projects that the government will fund include:

- \$600,000 to establish a youth drug service in Perth
- \$210,000 to assist GPs better respond to drug and alcohol problems
- \$450,000 to fund a culturally appropriate withdrawal and rehabilitation services for Aboriginal people
- \$300,000 for expansion of home detoxification services.

Significant structural changes are also occurring as a result of the government response. The government is developing a new drug strategy over the next few months that will be guided by a Community Advisory Council.

In addition, the government agencies involved and drug and alcohol services are being merged into the new Drug and Alcohol Office. The government contends that this will bring financial and practical savings and will free up money to go to direct service delivery.

In the next financial year, an extra \$2.5 million will be spent on direct drug and alcohol services. However, it is yet to be seen whether this will be for new services or to extend existing services. It was clear at the summit that many of the existing services needed additional monies to be able to continue what they are already doing. If all of the new money goes to new services we may find that the quality of the currently existing services may deteriorate.

The only summit recommendation that the government rejected was that of considering the issue of a supervised injecting room. However, the government has said that it will monitor the progress of supervised injecting services in other places - which is really what the summit was recommending anyway.

One of the major changes likely to come from the government response to the summit is the proposal to amend legislation relating to the possession and cultivation of small amounts of cannabis for personal use. There is a government advisory group currently meeting to clarify what precise changes to legislation should be put to parliament. John Prior, a lawyer who attended the summit, is chairing this group.

FRANCIS LYNCH

MERCY COMMUNITY SERVICES

Forensic Social Work Practice Subcommittee

Interested in helping to form a new Branch Subcommittee on Forensic Social Work Practice?

If so, please contact Joanne Thorpe
jthorpe1@bigpond.net.au

The initial focus of the subcommittee will be on the role of social workers in the court, particularly the Family Court, in relation to the role of social workers as expert witnesses.

NB: The contact details were incorrect in advert in December 2001 newsletter. Please note new email address.

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The internet is a very crowded place, with a multitude of offerings. New sites arrive with much fanfare, but all too often lack original material and mostly have links to other sites. It is especially difficult to find sites that are actually useful, which have a clear sense of purpose and are tailored to their target audience.

This particular site, sponsored by the AMA (WA) Foundation is a rarity, as it is a **VERY GOOD** site. It definitely deserves a top star rating for its content and straightforward layout. A good feature is how it has avoided the temptation to be driven primarily by gimmicky design features.

The *Pressure Point* web site describes itself as a cyber youth clinic, which it achieves through a broad spectrum of information which shows a carefully thought out approach about the concept of health. Also, there is a consistent format, by presenting information in point form plus short descriptive pieces of text.

The quality of the information is enhanced by emphasising actions and steps that can be done by an individual if he/she is concerned about a particular issue. As the target audience is young people, considerable care has been shown to ensure that a young person does not minimise or not perceive they may have a serious problem requiring professional assistance.

The site also gives weight to the importance of environmental, lifestyle and behavioural factors in a *Lifestyle* page. Two major issues, nutrition and exercise are well covered, as there is evidence showing that a growing proportion of young Australians (like adults) do insufficient exercise and are overweight.

The following edited excerpts from the site give a flavour of what is on offer. Definitely recommended as a place to visit.

DrYES (Dr Youth Education Sessions) is a program involving groups of trained medical student volunteers visiting schools and delivering presentations about adolescent health and lifestyle issues to year 10-12 students. The presentations complement the school's health education curriculum by using sexual health, alcohol and other drugs or mental health as a context to emphasise the role of GPs and encourage young people to access health care.

The program was piloted in 1997 on a small scale, involving only 5 medical students. In 2000, 44 medical students were trained to deliver DrYES to seven schools across the metropolitan area, reaching just over 1,000 students. In 2001 another 86 medical students volunteered to join Dr YES, giving a total of 130 trained medical students.

Each subject area is very diverse, encouraging young people to further question their health choices. The information delivered in each session is dependent on the needs of the young people that have been identified through focus testing.

All three modules include information on Youth Friendly Doctors (doctors who have undertaken specific training in youth health issues) and accessing health care.

Dr YES is a very unique and innovative project and has the advantage of using young adults under the age of 25 to inform teenagers about their health.

The school visits are a source of important information and they essentially focus on showing young people that doctors are prepared to talk about difficult lifestyle issues in an open and non judgemental manner. The message that the medical students are promoting is about health access, which would complement the learning objectives for health education.

In conjunction with Dr YES is the Youth Friendly Doctor (YFD) project. This began in 2000 and currently has over 100 doctors trained and more still training. We currently offer three modules for our Dr YES sessions, sexual health, alcohol and other drugs and mental health.

Each of the sessions follow a similar format, with a skit and song to begin, followed by a small group discussion, and ending with a game or demonstration. The sexual health module also involves a slide show of many STDs.

In general, we limit the amount of school students per session to two classes (ie 60 students), and any number under that is suitable. We like to arrange the groups so that there is one medical student to every five or six school students. So for a class of 30, we would normally send five medical students.

What is Mental Health?

Mental health is the ability to interact with others around you in a positive way. Good mental health encompasses a general sense of well-being and control over your life, the ability to participate in family life, and make balanced decisions about difficult or different situations.

So what's normal?

Life has its ups and downs. Natural mood changes are normal.

Things that might send you on the downward spiral:

- Splitting up with a girlfriend/boyfriend
- Having an argument with a family member or friend
- Financial concerns
- Losing something or someone close and important to you

Things that might make you feel better:

- Having a holiday
- Talking to someone who listens and cares
- Listening to great music
- Sharing good times with good friends
- Striving toward a goal in work, school or play

Facts About Mental Health

Misunderstandings make it difficult to identify mental illness and prevent sufferers from getting the support needed. Most people, with treatment, are able to resume a normal lifestyle. Mental health problems are common

- 1 in 5 Australians develop a mental illness at some stage of their lives.
- In any one year...
- 10% of children suffer significant mental health problems and 1% need urgent help
 - 15% of adolescents suffer from recognisable mental health problems.
 - ~5% of adolescents experience serious psychological disorders
 - ~1% of adolescents have severe mental health problems.
 - Having a mental illness is not a sign of character weakness.

- People who experience mental health problems are not necessarily violent and aggressive.
- Mental illness can develop at any stage of your life, but may not last forever.
- Mental illness can happen to anyone at any time irrespective of your age, gender, race, religion, intelligence level, socioeconomic group and occupation.
- Mental illness and mental retardation are not necessarily linked.
- Mental illness is treatable.
- The length of treatment required for recovery varies between individuals.
- Recovery from a mental illness can sometimes be hindered by stigma and discrimination.

Suicide is now more common in Australia than road deaths

Causes of Mental Illness

Mental illness is often the culmination of several factors.

Genetics

Mental illness can tend to run in families. It seems people don't inherit the actual disorder, but rather a tendency to get that disorder. They might be therefore more susceptible to develop depression or anxiety when they have a particularly stressful experience. It's due to the way their brain works, and a lot of that is given to you by your parents. Having a mental illness in the family, however, does not mean that other members will develop an illness.

Drugs

Using alcohol, marijuana, speed, ecstasy and other drugs can make mental illness more likely (eg there is an association between marijuana and schizophrenia). In fact, it is sometimes difficult to tell which comes first, because a lot of people use drugs after they get a mental illness as a way to escape their troubles.

Losing someone you love

Depression is very often a reaction to the loss of someone or something important. This might be the break up of a long term relationship, losing a family member, or something that you own.

Family troubles

When things go bad at home, it tends to upset our lives a lot. A fight with parents, a separation, or trouble with brothers and sisters attacks our deepest feelings and can make us feel very uncomfortable.

Avoiding problems

This is a hard thing to appreciate at times, but the greatest cause of all mental illnesses is perhaps our desire to avoid problems and the pain that goes with them. This might seem a little strange - that we create bigger problems through avoiding other problems- but it tends to be true.

The truth is that life was never meant to be easy, and we are meant to have problems to deal with most of the time. Mental illness can occur when we, for some reason or another, don't want to deal with our troubles. We might feel angry at someone but not want to tell them, or be hurt by someone and not want to show it. Instead of being expressed in a positive way, all these emotions end up on the inside somewhere, where they fester and get bigger and usually make us feel worse!

Perhaps the best way to avoid a mental illness is to be honest with other people, and honest with yourself, about your problems

and the way you feel. Don't be scared to ask for help. It is a hard world, but people such as your GP are there for you to talk to. Doctors are great at listening and understanding where you are coming from. They can give you real help, whenever you need it.

Taking on all your problems at once - sometimes feels as though everything is just too much to handle!! Maybe you are taking too much on board at once. Try to work through each problem separately, look at the small picture first. What really needs to be done at this point in time?

Next time you feel overwhelmed or confused by a problem or issue, try the following steps:

- Identify exactly what the problem is. Writing it down often helps clear what is bothering you.
- Think of 2 or 3 ways to solve the problem. Note any ideas you may have ... even if you think that they're not particularly good ones.
- Consider the pros and cons of each solution.
- Choose the best solution that best fits your needs.
- Plan the steps you will take to put the solution into action.

Unemployment

Prolonged periods of doing nothing, and the disappointment of not feeling useful can make even the strongest person feel down. Sometimes a mental illness is caused by none of these things. More often it is a combination of a whole pile of things that each on their own, would not tend to bother you. But when they are put together the result is a lot of confusion and hurt. Sometimes you feel that you can't cope.

Avoiding Mental Illness

Talk to your friends, family, your doctor or someone you can trust. It sometimes helps to have someone you don't know on a personal level to listen to your problems.

Find time for yourself - we live in a society that goes at a pretty frantic pace! It really helps to take time out for yourself on a regular basis- to walk, to read, to play sport or listen to music. Watching TV or playing video games don't count, as they don't help to keep you in touch with YOU.

Avoid using drugs and alcohol - they have an effect on the brain which can bring you down. Awareness of this and avoiding using, and situations where you are likely to be influenced to use, is a sensible way to avoid mental illness. Just because others may not react in the same way as you do to certain substances does not mean you are missing out in any way. It only means that you are unique as a human being.

Get connected!! A study in America found that a sense of connectedness promotes us feeling happy and healthy. That is, feeling connected and in tune with family, friends, at school, at work and in the community helps us to remain mentally balanced.

The hardest things about getting yourself out of a bad spell is first admitting that you have a problem, and then letting someone else know about it. Once you have done these, you are a good part of the way there, but the road can still be long and tough. Hang in there. There is always someone that can help.

NEW MEMBERS

The WA Branch welcomes the following new members

Sue Bailey
 Heidi Barker
 Carole Barre
 Tania Bell
 Wayne Brush
 Elizabeth Castieau
 Deborah Clark
 Paula Cronin
 Keeley Femia
 Renee Franceschi (Cambridge Hospital)
 Fiona Giancola
 Belinda Guy
 Lola Hayes
 Rebecca Hicks
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 Wendy Inger
 Lisa Johnson
 Melissa Kimber
 Dari Klein
 Kirsty Leaf
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 Rosemary Rossouw
 Benjamin Russell (Daughters of Charity)
 Mira Sinno
 Nyari Smit
 Joanne Smith
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 Deborah Weir
 Philippa White

PUBLICATION AND DEADLINE DATES FOR THE WEST AUSTRALIAN SOCIAL WORKER

Issue	Deadline	Posted
March 2002	15 February	4 March
April 2002	15 March	1 April
May 2002	19 April	6 May
June 2002	17 May	3 June
July 2002	14 June	1 July
August 2002	19 July	5 August
September 2002	16 August	2 September
October 2002	20 September	7 October
November 2002	18 October	4 November
December 2002	15 November	2 December

SUBCOMMITTEE MEETINGS

Children's Interest Group

last Thursday of the month at 5.30 pm
State Child Development Centre
Building No. 12 Rheola St West Perth
Contact: Jenny Terry Tel: 9450 2031
email: jterry@cyllene.uwa.edu.au

Administrators in Health

First Wed of the month at 4 pm
Social Work Dept, Sir Charles Gairdner Hospital
Contact: Amanda Humphreys & Jill Hawkins Tel: 9346 4666
Feb 6th

Aged Care

Third Wednesday of the month at 4.30 pm
City West Lotteries House
2 Delhi St, West Perth
Contact: Penelope Mogridge Tel: 9346 6000
Ivy Vukovich Tel: 9272 5983

Mental Health

Third Wednesday of the month at 4.30pm
UWA House, Hackett Drive
University of Western Australia, Crawley
Contact: Anthony Collier Tel: 9621 0999

Continuing Professional Education

Third Thursday of the month at 5.30 pm
City West Lotteries House
2 Delhi St, West Perth
Contact: Convenor Anne Pickard Tel: 9464 7062
or CPE Project Officer Meredith Doyle Tel: 9332 0019

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