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12 January 1987

Home Birth Assoc.
Wellesley St
Akld.

Dear Ms Pot,

I thought you may be interested in the national directory of self help groups that Celine Kearney (through the Mental Health Foundation) is compiling. The enclosed copy of CHOICES sets out the aims of project. If you do not wish me to pass on your organisation's name to Celine, please write or phone me before 31 January 1988.

If you would like to be on the postal list for CHOICES, again just drop me a line or telephone:

Roz Slemint
Editor, CHOICES
Department of Health
PO Box 5013
WELLINGTON

phone: 727-627 extension 8903.

Yours sincerely

Roz Slemint

Roz Slemint
Editor
CHOICES

C H O I C E S

A NEWSLETTER FOR COMMUNITY GROUPS WITH AN INTEREST IN HEALTH

NOVEMBER/DECEMBER 1987 ISSN 0111-4425

IN THIS ISSUE

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The following quotation comes from the "Vienna Dialogue on 'Health Policy and Health Promotion - Towards a New Conception of Public Health'" - a report on WHO meeting held at Baden near Vienna on 6-11 September 1986. Parts I, II and III were reprinted in the previous 3 issues of CHOICES. This completes the quotation. Copies are available from the Editor.

"(5) Social action developments bearing on health promotion

Some participants believed that the most likely source of change in government policy or in conjunction with government policy would come from below, from political pressures generated by organized groups lobbying for reforms or undertaking actions that promote health. The critical questions asked were: Who has something to gain from the new public health and who is willing to organize it? Franca Basaglia made an argument in her presentation for the importance of popular confrontation and conflict and suggested some of the conditions of its emergence. She contended that the development of rights and entitlements for medical care was a necessary, if not sufficient, condition for the emergence of a political movement for the right to health. Sectoral rights cannot easily be contained: first, because successful struggles to establish rights in any one sector enhance the political efficacy of groups traditionally excluded from power; and second, because the inadequacies of a medical approach will more likely be exposed - i.e., the implicit demand for health will more likely be made explicit and linked with other dimensions of inequality, not just inequalities in medical care. None of this will occur, however, unless the ideology of a medical-technical solution to social-political problems is also exposed.

Pierpaolo Donati also touched upon social action in his presentation. He maintained that significant changes are most likely to emerge from autonomous community networks, associations, and movements. The conditions of emergence for these groups include the development of post-materialistic, affective, communicative, and communitarian values. He also suggested that government policies might facilitate the emergence of social action by providing resources and support.

In discussion, one participant emphasized that what was needed was not to bring groups into a new arena called health promotion but to build a social action strategy by going to where groups are already active. Whether health is the explicit goal of these groups or an implicit by-product is not important. Health promotion advocates

must use the "entry points" that are already available. Numerous instances of health-related social action exist at present. The challenge is how to foster and support such activities. One participant expressed scepticism, however, that governments could be induced to support groups that might become politically troublesome. On the other hand, agencies are known to mobilize groups that support its policies when those policies are endangered by powerful, opposing interests. Another aspect of social action was mentioned in relation to the Italian deinstitutionalization movement, namely the potential for alliance between citizen or consumer groups and politicized professionals. With the growth of the consumer movement, professionals also become more political, and vice versa.

Like the policy issues, discussion of the social action dimension was also not well developed. The questions raised at the beginning of this section were only briefly touched upon in discussion. Neither was there much discussion of the conditions or possibility for the emergence and effectiveness of these groups for articulating health promotion goals; nor was there much consideration of what it would mean to support these groups in such efforts and the likely conflicts with established authorities and institutions that these actions would entail. For example, how can professionals participate in these efforts? What are the dilemmas of various kinds of sponsorship?

(6) Implications of cultural changes for health promotion

A critical issue for the entire project of health promotion is how health is thought about in everyday life - how health is conceptualized, how people explain health or its loss, the range of activities (personal, medical, political, etc.) considered appropriate or necessary in order to maintain or improve health. Without understanding the dimensions and boundaries of popular conceptions, health promotion advocates cannot gauge the potential support of policies or from where that support is likely to emanate, likely participation in health promotion activities, or the possibilities of various kinds of social action. Further, it is important to assess the contours of cultural movements that take one or another aspect of health as their objective.

There was a significant amount of interest at this meeting in recent changes, particularly the emergence of a new health consciousness among segments of the public in some countries. What kind of initiatives will this new health consciousness encourage or endorse? Is an important shift taking place, for example extending the notion of rights to medical care (the right to help when harmed) to a right to health (the right not to be harmed in the first place)? How is the health problem defined by class, gender, age, ethnic group, etc.? How is responsibility for health conceived? How are the emerging attitudes influenced by medical, commercial, political, and social movement discourses? Again, the conferees gave inadequate attention to these questions, although their importance was universally acknowledged.

The principal contribution on these themes came from Janine Pierret (France), who presented results of her 1980 study of French conceptions of health. In describing four different types of health beliefs, a number of important themes were identified. Rather than discussing the types, I would like to highlight the themes contained within them.

- Health is seen as the opposite of illness; "it is illness which is meaningful, which creates an awareness of health".

- Health is understood as an essential resource for work (similar to the Parsonian definition of health as the capacity to perform social role obligations).

- Health is seen as an important personal goal, to be worked for and achieved.

- Health is conceived as a society-wide problem, "a collective capital".

- Illness is a natural event over which there is little control; there is a distrust of prevention; it is better not to worry about the future.

- Society is essentially pathogenic, the individual must attempt to maintain an internal balance within this threatening environment.

- Strength, stamina, and resistance, along with work and the values associated with work, are the critical resources for health.

- Health depends on what you do as an individual; a struggle between the need for self-control and the pleasures of consumption, leisure, etc.

- Health policy is viewed primarily in terms of financial protection for medical help and compensation for income loss. There is little interest in preventive policy.

- Health policy should protect the individual against hazards, but is essentially residual compared to the importance of individual behaviour.

- Individual efforts are ineffective; social solutions must be found to problems of health.

As can be seen from the variety of these themes, their relative strength and prevalence, their combination, and their demographic distribution are critical for the potential of health promotion in the various European countries. Moreover, as Pierret emphasized, popular thought about health is meaningful in a much larger sense. The culture of health - how we think and speak about health - cannot be separated from other aspects of culture, particularly our representations of self and the world. In the modern West, health is a key concept which defines the self in relation to others and through which fundamental values are expressed. These implicit meanings are critical for our understanding of health beliefs and the potential for health promotion. "Lifestyle", for example, cannot be understood independently of such meanings. Conventional approaches to lifestyles and health that fail to take into account their social and cultural construction and the set of implicit meanings that are signified by them are likely to fall into victim-blaming approaches and be ineffective as well.

Once again, Franca Basaglia's presentation must be mentioned in that she spoke of cultural issues. Basaglia's point was that the medical thought and practices that have dominated our approach to health have fundamentally shaped popular conceptions of self and conceptions of both problem and solution with regard to well-being. As previously discussed, she contends that unless the medical model is confronted, culture will remain medicalized and, thus, any broader notion of health and health promotion will be still-born.

Discussion revealed optimistic and pessimistic appraisals of the emerging health consciousness and other cultural orientations toward health. On the optimistic end, some felt that the pre-conditions for the notion of health as a right are already present in the new health consciousness. More cautiously, some expressed the belief that significant changes in health values and lifestyles will not occur until more fundamental changes in rights and living conditions occur. More pessimistically, others noted the commercialization of health promotion which, it was feared, would channel health practices into individualized consumption of "health" products and services. Strong reactions to government paternalism and the religious scent of health promotion were also cited. The prospects for health promotion are further constrained by the ideology that equates individual freedom with the freedom to consume. Such an ideology has, for example, been successfully exploited by the tobacco industry. Religious (health as a gift of God) as opposed to instrumental-rational attitudes were also mentioned.

Finally, it was noted that in the United States, where the new health consciousness is perhaps most advanced, both an individualistic, lifestyle orientation and demands for government protection against physical health hazards have emerged. The former, however, is clearly dominant. The cultural dimensions of health promotion in the United States are shaped by medical-epidemiological, commercial, social movement, and political discourses, all of which contribute to a sense of physical vulnerability, and most of which emphasize the individual nature of both problem and solution. Given the absence of a strong political movement, the extreme underdevelopment and fragility of rights and entitlements, the pervasiveness of individualistic and market ideologies, and the present political climate, individuals are most likely to opt for self-protection, even when the origin of problems are perceived as social. The case of the US highlights the importance of close attention to national variations.

3 Concluding remarks

The model of health promotion as developed by the WHO Regional Office is an important challenge to conventional thinking about health and existing public health practice. Is it a viable model? Can it provide a guiding philosophy for a new public health? Will there be support both within government and within society for the actions implied by its axioms? Can health be made an intersectoral responsibility? Can health be retrieved from its medical reduction?

These questions are only beginning to be addressed. The concept of health promotion, however, does provide an opportunity for those who see the importance of a more social definition of health and a social strategy for its advancement, and who embrace the goal of equality in health. It offers a framework, whatever its strengths or weaknesses, within which these questions can be debated. Perhaps the most significant contribution of the present Dialogue is not that we thoroughly examined these questions but that we began to ask them. We can learn as much from the gaps and silences in our discussions as from the topics explored at some length. The new journal Health Promotion should be kept in mind by anyone who wishes to follow and/or participate in the emerging international dialogue.

Many conferees at the Vienna Dialogue expressed the desire to move beyond the general framework to consider practical efforts that employ (or that are similar to) the health promotion model. This was not meant, however, to foreclose a continuing debate about the principles and concepts embodied in health promotion. Rather, the intention is to scrutinize further those principles and concepts through examining concrete instances. Health promotion in both theory and practice deserves continuing deliberation. To that end, the European Centre and the WHO Regional Office for Europe will jointly publish a book containing many of the papers from this first Vienna Dialogue with some additional papers. A second and third Vienna Dialogue will also be held.

I would like to take these closing lines to thank, on behalf of the participants, the joint sponsors of the Vienna Dialogue as well as the European Centre for organizing and hosting our meeting. A special thanks is extended to Edith Scherr from the Centre, whose competent organizing talents and attentiveness helped make our meeting a success and an enjoyable experience for all.

INTERNATIONAL CONFERENCE ON WOMEN AND HEALTH 23-28 MAY 1987:COSTA RICA

The International Women and Health Conference in Costa Rica was the fifth such conference organised by the Global Women's Network. The previous four conferences were held in Rome, 1977; Hanover, 1980; Geneva, 1981 and Amsterdam, 1984. In Geneva women from the third world and the western world came together for the first time.

GLOBAL WOMEN'S NETWORK

The network had its beginnings in 1977 in Paris where 5,000 women met to discuss the situation of women in their countries. The network is autonomous and supports groups and individuals in every continent who work for women's health.

AIMS

The aims of the network are to work for: freedom from abuses and discriminatory practices; women's right to decide if, when and how to have children; safe and effective contraception and women controlled pregnancy and birth; and changes in women's health service that meet women's needs.

NEW ZEALAND DELEGATION

In 1984, one woman represented the West Auckland Women's Centre at the 4th International Conference in Amsterdam. She was the only person who travelled from New Zealand and the South Pacific.

At the 1987 conference in Costa Rica, 11 women from New Zealand attended. Women from this country went as representatives to participate in the meeting and as members of international organising committees.

SPONSORSHIP

The New Zealand delegation who attended the 5th International Women and Health conference are very grateful to all those who made it possible for them to be represented. They were assisted by:

* United Building Society
* Johnson & Johnson Ltd
* Sandoz Pharma Ltd
* Computer Forms
* Continental Airlines
* Roy McKenzie Foundation
* C.H.I.F.S.
* Cathy Pelly Trust
* C.O.R.S.O.

5TH INTERNATIONAL WOMEN AND HEALTH CONFERENCE - SAN JOSE, COSTA RICA, MAY 1987

In 1984 the decision was made to hold the next conference in a third world country so that it would be more accessible to women from developing countries to attend. The conference was financially supported and organised by the Global Women's Network.

"Cefemina" - a women's organisation active in health and housing projects in Costa Rica, took responsibility for hosting the large meeting.

INTERNATIONAL REPRESENTATION

The conference was attended by over 350 women representing 82 different countries. Over 90 women from developing countries were financially assisted by the Global Women's Network to attend. Women travelled from Africa, Asia, Japan, Europe, Middle East, North America, Central and South America, the Caribbean, the Philippines, South Pacific, Australia ... 400 Costa Rican women also attended on a daily basis.

CONFERENCE PROGRAMME

The programme was organised into 3 major themes:

* Community Health
* Reproductive Health
* Drugs

The sessions ran simultaneously for three mornings and conclusions and recommendations were bought forward to the plenary session on the last day. More informal and specific seminars were arranged for the afternoon and evening sessions.

Community Health

This was the most popular session and covered a broad spectrum of issues from breastfeeding, maternal and child mortality to the social, political and economic situations of the regions and how they affect health.

Reproductive Health

The issues discussed in the Reproductive Health theme included Motherhood, Infertility, Contraception, New Reproductive Technologies, Abortion and Population Policies.

Drugs

The session on Drugs examined ways of developing a rational drug policy for health care systems all over the world, and looked carefully at what research is being done and by whom. Contraceptive drugs and their effects, was a major concern.

NEW ZEALAND DELEGATION

Health needs from New Zealand were represented in all major meetings and seminars and information from the Pacific Region came through in every forum.

The French nuclear testing in the Pacific and its damaging effects on babies and women's fertility was described. Participants at the conference were urged to support our vision for a nuclear free Pacific by opposing further nuclear testing.

MAORI WOMEN'S HEALTH

The Maori delegates presented an historical account of the health of Maori people in this country and the development of initiatives such as Maori Women's Welfare League, Te Kohanga Reo and Maatua Whangai.
The holistic perspective of health evident in rituals pertaining to birth and death were of particular interest to participants at the seminar.

ISSUES OF DISABILITY

Women with disability joined with others from Japan and Costa Rica to conduct a seminar for able-bodied women. The focus was on the need for recognition, rights and adequate resources for the disabled to participate in the world. Information was offered on reproductive health and motherhood which led to a discussion of abortion on the grounds of disability and forced or co-erced sterilisation.

CONCLUSION

Throughout the conference there was a fundamental recognition that health is a "political issue". That we cannot talk about health without talking about poverty, malnutrition, lack of basic rights, poor housing, military oppression, colonisation, nuclear testing and accidents etc.

The conference provided a significant opportunity for women from this country to participate, share information and research, and discuss methods of work with others from different countries and cultures. Decisions were made to establish information and personnel exchanges in regions where they did not already exist.

Women from the Pacific and Asian region initiated an information exchange on research into contraceptive devices and drugs and environmental health hazards.

Networks such as this are particularly exciting for countries as isolated as ours. They provide a framework for information sharing and practical support for those working in community health at both local and international levels.

There was an unquestionable affirmation at the conference that there is not only an 'International Women and Health Movement', but that it is growing stronger all the time. There were no less than six offers to host the next world conference; Uruguay, Brazil, Egypt, Senegal, Philippines and Japan. It was unanimously decided that the Philippines would be the next venue in 1990.

THE NEW ZEALAND DELEGATION

Wairetí Walters	Pepe Pasese
Helen Stone	Luisa Falanitule
Sandra Searancke	Gillian Weaver
Karen Hyland	Linda Lee-Odam

INTERNATIONAL REPRESENTATIVES

IBFAN - International Baby Food Action Network
Janey Christopherson Wellington

Global Women's Network
Colleen Ivory Auckland
Jenny Chilcott West Auckland

This report was written by the women who attended the conference. We are delighted to share it with readers.

TE KOMIHANA A TE KARAUNA MO NGA AHUTANGA-A-Iwi

ROYAL COMMISSION ON SOCIAL POLICY

The Royal Commission has produced six booklets designed as background information and to help focus debate on some of the key social policy issues contained in the Terms of Reference. They are:

* A Fair and Just Society: A Guide to the Terms of Reference
* The Treaty of Waitangi and Social Policy (in Maori and English)
* Public, Private and Voluntary Provision of Social Services in New Zealand
* Wealth and Income in New Zealand
* Work: Its Nature, Role and Value in New Zealand
* Fairness, Equality and Efficiency

The Terms of Reference are available in English, Maori, Tongan, Samoan, Tokelauan and Niuean

You can write or phone the Royal Commission to ask for a set of discussion booklets or the particular booklet that you want.

Wellington (04733-810, PO Box 5192

Auckland (09)371-640, PO Box 2220

The public libraries in most towns will have copies, as well local offices of the Department of Social Welfare and Citizen's Advice Bureaux.

The final date for accepting submissions to the Royal Commission is the end of January 1988. Then work will commence on writing draft sections of the report. The drafts will be made available publicly - how this will be done has not been decided yet.

CHIFS APPLICATIONS FOR MORE THAN $1,000 RECOMMENDED BY THE CHIFS PROGRAMME COMMITTEE 1987/1988 SECOND FUNDING ROUND

	Amount Sought $	Amount Granted $
Christchurch Rape Crisis Group Towards providing resources for this self help group to do outreach work.	10,000 + GST	7,500
Palmerston North Women's Refuge Towards purchase of/maintenance of a vehicle	15,000	6,000
Onepoto Awhina Establishment of community house	10,000	5,000
Women's Collective Wellsford/Warkworth To set up a women's resource centre including a telephone support line	11,398.50	5,000
A kland Gay Health & Community Centre To publish a pamphlet on the centre for the gay community	5,000	5,000
Aotearoa Birthmothers Support Group Towards a salary for a coordinator	20,000	5,000
HIVE Sexual Abuse Group To enable a network of people (some working in a selfhelp way) to provide a bicultural training programme including community development principles	5,000	5,000
Drop in Centre Recreation Committee To oster the self help process for people dealing with mental ill health, financial stress, unemployment pressure, depression.	12,800	2,300
Tokoroa & Districts Women's Support Centre Inc To extend the premises into an adjoining building, of a group which works on the basis of community development principles.	13,604 over 3 years	4,868

Stillbirth & Neonatal Death Support To publish a booklet for others in the same situation & for health workers.	10,000	4,500
Wahine Tautoko Ora To establish a selfhelp network for Maori women.	4,000	4,000
Wanganui Women's Centre For publicity & to set up workshops on a wide range of women's issues.	12,000	4,000
Te Roopu Awhina To enable a number of Maori solo mothers to set up a self help group in a rural area.	20,000	3,600
Headway Wellington Resources to help group become self sufficient.	8,000	3,500
Women's Summer Camp Collective Workshops for lesbians by lesbians in a residential holiday setting	3,020	3,020
Te Rapunga O Poutama Work & Education Trust To run workshops using community development principles, on health & well being, for 14-20 year olds	3,000	3,000
Puha Branch Tairawhiti Women's Health League To promote holistic health in a Maori way to rural areas	9,360	3,000
Community Centre Projects Committee To furnish a newly established community centre	10,000	3,000
Claud Switzer Craft Group To set up a selfhelp craft programme for elderly residents in the Claud Switzer home; the programme then to fund itself from sales.	2,000	2,000

Battered Women's Support Line To produce a pamphlet advertising the support line, to distribute to women	2,000	2,000
Korimako Hui Waiata Hui of the arts & waiata to support learning of Maoritanga	14,120	2,000
Te Oranganuitia Ki Takitimu To hold a hui by youth for youth	10,000	2,000
Papakura Women's Support Centre Inc. Purchase of equipment for the centre	3,000	1,500
ADARDS Hawkes Bay Branch Purchase & production of resource material for families & care givers of Alzheimers sufferers.	1,500	1,500
Opotiki Community Centre To upgrade current facilities for the use of this rural community.	4,550.70	1,000
Wellington Infertility Society Inc For a seminar on infertility to be held in February 1988, using self help approach; & towards cost of producing a reference manual	3,400	1,000
Parent to Parent, Dunedin To establish a self help group for parents (& guardians etc) of children with disability	2,610	1,000
Hawkes Bay Child Cancer Support Group Production of a pamphlet for group members & health workers.	2,000	500
Te Whare Whariki For purchase of emergency housing, furniture & equipment.	190,398	-
Wanganui Sexual Abuse To establish group therapy sessions for the younger "victims" of abuse.	30,000	-

AIDS Support Network AIDS prevention education by Maori to Maori & Pacific Island communities	20,000	-
Whanaungatango O Te Ariki For salary for worker to work in the area of substance abuse with parents & others in the Maori community.	20,000	-
Hutt Valley Family Violence Subcommittee Salary for a coordinator to organise education & training for member agencies of the subcommittee.	20,000	-
Waimate Child Care Centre To set up a creche	20,000	-
Tuku Aroha Trust To fund a worker for a year in order to seek ongoing funding.	19,000	-
Anorexia & Bulimia Aid Group To employ a part time coordinator to set up self help groups	12,000	-
Polydrug Centre For the Centre to set up a support group for family members of patients	11,560	-
Polydrug Centre To expand their premises to provide a residential programme for women	11,420	-
Hine Ringa Maori Health Group To hold a hui/wananga on health	10,944	-
Birkenhead Community Project To carry out a survey to determine community needs.	10,000	-
Te Waka O Paki Paki To purchase a community van for Kaumatua	10,000	-
Arohanui Trust To furnish a community house	8,362	-

Wadestown Self Help Health Care Committee To provide coursesin the community on health issues.	3,000	-
Waikato East Federation Country Women's Institute To hold a women's health day.	1,900	-
Heretaunga Maori Wardens Assn. To fund a Maori Warden's programme for their kaumatua, & their own training.	8,000	-
Whakataha Foundation Family Society For costs of transport, adminis-tration, capital items & plants for an agricultural cooperative	7,000	-
Highland Park Community House To furnish the community house.	6,000	-
P lationship Skills for Couples ..aling with Violence To run courses on relationship skills for couples dealing with violence.	5,000	-
People's Activity Centre, Stratford. To enable a group to provide resources for a wide range of activities (sports, crafts etc) for young people.	5,000	-
Disabled Distributors To fund a part-time general secretary to expand the business.	5,000	-
Anglican Social Services To purchase a photocopier for the use c voluntary agencies.	4,300	-
Kapiti Branch Maori Women's Welfare League To hold a hui on parenting, sexual abuse & sexually transmitted diseases.	3,608	-
Crippled Children's Society To send a fieldworker overseas for additional study.	3,000	-

Groups who were not funded either did not fit the CHIFS criteria, the planned activity did not allow time forprocessing or because of the limitation of CHIFS funds.

Publications

New Zealand Federation of Voluntary Welfare Organisations : A New Publication

"Guidelines to Personnel Practices for Volunteers". Published August 1987, available from NZFVWO, PO Box 5111, Wellington. Cost $5.50 (incl. GST) plus P & P $1.10.

This publication is the third in a trilogy of books produced by the Federation in response to concerns about industrial relations issues in the voluntary sector.

(The other two are: "Industrial Relations in the Voluntary Welfare Sector", by Harbridge and Edwards, published June 1985; "Guidelines to Personnel Practices for Voluntary Agencies" published December 1986).

The latest publication produced by an Auckland-based work group convened by Yvonne Dufaur contains sections on changes in attitudes to volunteering, categories of volunteers, contractual obligations, board/staff relationships, staff volunteer relationships, and volunteer development.

The appendices include sample contractual agreements, job descriptions (including one for board members), appraisal forms, and a list of references.

Source: "Dialogue", September 1987. (Newsletter of the Federation of Voluntary Welfare Organisations. NZFVWO Inc.)

SEXUAL ABUSE STUDY

A report by Jane von Dadelszen 1987

An examination of the histories of sexual abuse among girls currently in the care of the Department of Social Welfare.

The findings in this report will be of value to social workers, counsellors, educators, police, parents and people active in community support groups.

Copies of this report may be obtained from: Research Section, Department of Social Welfare, Head Office, Private Bag, Wellington.

(Source: Dialogue, No. 47, November 1987)

A description of health

Now, Katherine, what do you mean by health? And what do you want it for?

Answer: By health I mean the power to live a full, adult, living, breathing life in close contact with what I love — the earth and the wonders thereof — the sea — the sun. All that we mean when we speak of the external world . . . I want, by understanding myself, to understand others. I want to be all that I am capable of becoming so that I may be (and here I have stopped and waited and waited and it's no good — there's only one phrase that will do) *a child of the sun* . . .

Katherine Mansfield, *Letters and Journals* (edited by C. K. Stead 1977, p 278)

A NATIONAL CLEARINGHOUSE FOR SELF-HELP GROUPS

The clearinghouse would have three major functions:

1 An information and referral service - holding information about self-help groups and networks around the country. A printed directory of self-help networks - from the computer file - will be available for sale.

2 Promoting the concept and development of self-help groups - producing and distributing a manual for setting up a group. Supporting groups through a regular newsletter which would provide communication and education on a three-way basis: clearinghouse with groups; groups with clearinghouse; groups with each other.

Providing assistance to groups through organising professionally led workshops on communication and group skills or referral to a person in the local area who has those skills.

3 Community education - through the newsletter being sent to agencies, professionals, community groups and individuals.

Based with the Mental Health Foundation,*I am compiling a national directory of self-help groups.

If you do not want to be included in the directory please contact:

Roz Slemint
Editor, CHOICES
Department of Health
PO Box 5013
WELLINGTON

BEFORE 31 JANUARY 1988.

For information on the project, please contact:

*Celine Kearney
Mental Health Foundation
PO Box 37-438
AUCKLAND

NOTICEBOARD

The After Care Association of NSW Australia
First International Congress Asian/Pacific Region
Reflections on Mental Health
Sydney, Australia
28-30 April 1988

Information brochure and registration form available from:
The Organising Secretariat
Conference Solutions
P O Box 11
Torrens, ACT, 2607
AUSTRALIA

Women for Mental Health Conference

A small group of women met recently to discuss the possibility of a conference on women's mental health in Labour weekend, 1988. We are: Brigid Aitken (Social Work Student on placement at the Mental Health Foundation), Shirley Burton (Waikato Mental Health Assn), Mary O'Hagan (Psychiatric Survivors) and Hilary Haines, Donna Salmon and Celine Kearney (Mental Health Foundation). During our conversation we also spoke by phone to Christina Lyndon, Te Ohu Whakatupu, Ministry of Women's Affairs.

We developed the following objectives (which may be modified): *to give women the opportunity to generate and share creative approaches to mental health issues
*to have fun and enjoy meeting other women interested in mental health
*to facilitate networking of women for mental health
*to discuss the possibility of a women's mental health coalition.

If you would like to be on the postal list for further details please write to:

Women for Mental Health Conference
Mental Health Foundation
P O Box 37-438
Parnell
AUCKLAND

"Everyone has disabilities. The worst disability is ignorance." - Matthew Whiting (A differently-abled person from Christchurch.)

FUNDING HUI - WELLINGTON

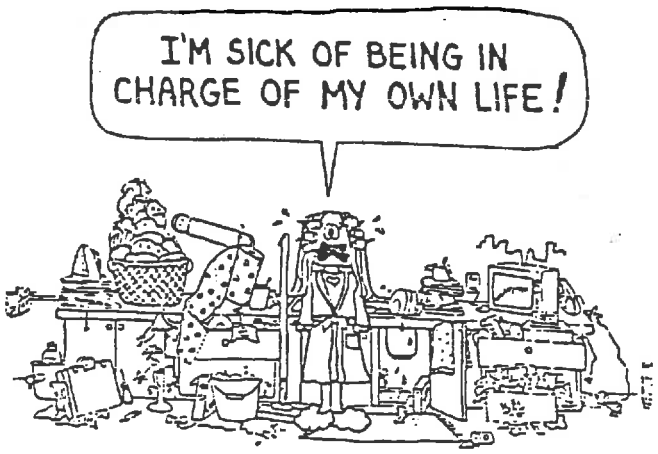
In February 1988, there will be a hui in Porirua for community groups, on where and how to apply for money from grant schemes. The details of exact date and place have yet to be decided. For information ring Jean Cameron at the Department of Health, Wellington office, phone 858769.

WOMEN WALK-WELLINGTON

Women walks are planned for small groups of women who want to enjoy the outdoors. The trips are designed to meet women's needs and are relaxed and friendly. We walk at women's pace. Women walks will help women gain confidence in their abilities, learn about the environment and gain skills in tramping and camping. Women walks are led by two women who are experienced at tramping and camping.

We are enthusiastic about introducing women to outdoor recreation and competent to do this. We are happy to talk over any aspects of the trip with you.

Next weekend trip is anniversary weekend, 23-25 January, Totara Flats/Mt Holdsworth. Several more trips are planned up to ANZAC weekend. Please phone Steph (897-707) evenings and weekends or Joy (753-028), or write to 89 Orangi Kaupapa Rd Wellington 5.



Editor, Districts and Regions Programme, Department of Health, PO Box 5013, Wellington. Telephone 727-627 ext. 8903.