



## Method - Baked Chicken Parma with Sweet Potato Mash

1. Preheat oven to 200°C (180°C fan forced).
2. Spread ¼ cup diced tomato in the base of a large ovenproof dish.
3. Halve each chicken breast lengthways to form 4 thin breast steaks. Using a rolling pin, pound steaks between 2 sheets of plastic wrap to 5mm thickness. Arrange chicken on tomatoes in pan base; layer each with basil leaves, sundried tomatoes pieces and capsicum. Pile on spinach, spoon over remaining diced tomatoes and sprinkle with mozzarella. Bake for 20 minutes until chicken is cooked and melted cheese has browned.
4. Place sweet potato in a steaming basket over a medium saucepan of boiling water; steam for 10-15 minutes or until tender. Discard water and return potato to the hot dry saucepan. Add ¼ cup milk and mash with a potato masher until smooth, adding additional milk if required for desired consistency.
5. Divide sweet potato and chicken between serving plates, sprinkle with basil.
6. Serve with fresh chilli for extra heat.

## Ingredients

- 400 g can no-added-salt diced tomatoes with basil, onion and garlic
- 2 small skinless chicken breasts, fat trimmed
- 20 basil leaves
- 270 g jar 97% fat free sundried tomatoes, drained
- 270 g jar char-grilled capsicum or roasted pepper strips, drained
- 2 cups baby spinach leaves
- 1 cup reduced-fat mozzarella cheese
- 800 g sweet potato, peeled and cut into 1 1/2cm dice
- 1/4 - 1/2 cup low-fat milk
- basil leaves, extra, to serve
- 1/2 red chilli, chopped (optional)



Craft items for sale. See inside for more information.



The Val Ferguson Centre  
 4 The Avenue, MIDLAND WA 6056  
 Phone: 9250 2221  
 Email: [info@mwhcp.org.au](mailto:info@mwhcp.org.au)  
 Website: [www.mwhcp.org.au](http://www.mwhcp.org.au)  
 Facebook: [www.facebook.com/MWHCP](http://www.facebook.com/MWHCP)



Midland Women's Health Care Place Inc.

# Women's Business

NEWSLETTER



4 The Avenue, Midland  
 p. 9250 2221  
 e. [info@mwhcp.org.au](mailto:info@mwhcp.org.au)  
 w. [www.mwhcp.org.au](http://www.mwhcp.org.au)  
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## General Manager's Message

We have a few busy months with some health promotion activities including our end of month Paperbag Lunches. The topics for the Paperbag Lunch were Navigating the Legal Landscape around Domestic Violence in July, presented by a lawyer in partnership with Djinda services. In August we had Jayde talking about The Blossom Project – exploring a Young Woman's Guide to sexuality.

These sessions for service providers have attracted local agency representatives to update them on issues affecting women in our region and provide opportunities to network and improve communication. This is in addition to the regular program of physical activity classes and the "Letting Go" series focussing on Anxiety this term.

We had some Laughter Yoga sessions on Monday afternoons which have been as popular as the 4Me & Craft groups on Wednesdays. We now have a table in reception displaying cards, dream-catchers, scarves and a variety of vases and paper flowers all hand-made by our very skilled craftswomen. This group has been ably led by Liz Owens, who is moving on from the Assistant Manager's position. In addition to this change, we have a new student, Emily joining us from Curtin University.

We have also now spent ten years on this lovely building and had a Morning tea for Members and invited guests, to celebrate 21 years of Midland Women's Health Care Place on 3<sup>rd</sup> August. We were delighted to be joined by our local member, the Hon Michelle Roberts MLA and present and past Chair-people, Mary Papadopoulos, Val Ferguson and some previous Staff as well! Some photos from the event are below.

With Kind Regards  
*Patsy Molloy*  
 General Manager



Some of our Artists enjoying the 21<sup>st</sup> celebrations with the art exhibition displayed for the event.

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### Carers in Recovery

Contributed by Sharon (Counsellor at MWHCP)

As someone who has worked with families for 20 something years, I am pleased that the role of carers has finally been recognised and valued in the mental health sector. So often family and other non paid carers have been given little or no information about a loved one's mental illness, their treatment or resources that are available to families. Nonetheless they continue to support and care, often in very difficult circumstances. Their worth in this role is invaluable, and the cost to themselves can be their declining health and wellbeing, their relationships and even their own mental health.

*Under the Mental Health Act 2014, the legislation reflects the fact that, very often, families and carers play an important role in promoting a person's recovery from mental illness.*

Carers are now considered an important part of recovery planning, along with other key workers and the individual. They are the people who assist in supporting recovery on a daily basis, often 24/7. They help in ensuring that medications are taken as required, they are the ones who keep appointments and deal with the crises in the wee hours of the morning. Without their care and dedication many people with mental illness would end up on the street, in jail or dead.

Here at Midland Women's Health Care Place we see a lot of carers, given that 90% of carers are women! We are able to provide them with assistance in that role through the Women's Health Program. This might include counselling, health and wellbeing information, education and the opportunity to participate in a variety of workshops and activities aimed at enhancing their health and lifestyle.

#### **Schedule 1 — Carers Recognition Act, The Western Australian Carers Charter 2004**

[s. 4]

1. Carers must be treated with respect and dignity.
2. The role of carers must be recognised by including carers in the assessment, planning, delivery and review of services that impact on them and the role of carers.
3. The views and needs of carers must be taken into account along with the views, needs and best interests of people receiving care when decisions are made that impact on carers and the role of carers.
4. Complaints made by carers in relation to services that impact on them and the role of carers must be given due attention and consideration.

If you are an unpaid Carer for someone who experiences mental health problems, or has a disability Carers WA is a great resource available to you. They can be contacted on 1300 227 377 or check out their website at [www.carerswa.asn.au](http://www.carerswa.asn.au) for more information.

Taking good care of yourself is just as important as caring for a loved one.  
MWHCP can assist you with doing that!

### TERM 4 TIMETABLE OUT NOW!

Classes are filling up fast, don't delay, book today!

### Perinatal Anxiety Screening Scale (PASS )

With increasing research statistics showing that anxiety symptoms are common during pregnancy and the postpartum period, identifying women at risk is vital. Anxiety during pregnancy places women at greater risk for postpartum depression and may also affect pregnancy outcomes. The American College of Obstetricians and Gynaecologists (ACOG) now recommends that clinicians in a variety of settings, screen women at least once during the perinatal period for depression and anxiety. This is completed using a standardised screening tool, known as the Edinburgh Postnatal Depression Scale or EPDS. The EPDS can help to identify women with anxiety, however it is not likely to identify clinical anxiety.

Recently, researchers in Western Australia developed and tested the Perinatal Anxiety Screening Scale or PASS to specifically screen for a broad range of anxiety symptoms during pregnancy and following childbirth. The scale consists of 31 questions and is easy to complete and score, it is sensitive to how anxiety presents in perinatal women. The scale assesses four categories of anxiety: (1) acute anxiety and adjustment, (2) general worry and specific fears, (3) perfectionism, control and trauma and (4) social anxiety.

Using this screening tool to distinguish mild from more severe anxiety symptoms will help to facilitate treatment, and will help to ensure that the women in greatest need of intervention will be referred appropriately. Perinatal anxiety causes distress, impaired functioning and impacts the mother's relationship with her partner and family members. Infant health and emotional wellbeing can also be affected, due to the potential disruption in the development of a safe and secure mother-infant attachment. Perinatal anxiety has been associated with reduced duration of breastfeeding, increased use of health services in the first six months, and perceived infant temperament problems.

The PASS scores alone do not define appropriate interventions. When determining appropriate management and referrals, additional clinical information such as risk of suicide or self-harm, recent stressors for the woman, observations of body language, verbal responses, physical health, personal and familial mental health risk factors, and observing the mother baby relationship are relevant. Therapists can discuss therapeutic lifestyle changes with the woman such as eating a nutritious diet, developing good sleep habits, participating in enjoyable activities, and maintaining positive relationships. Exercise, muscle relaxation techniques and mindfulness based therapies have been shown to be effective in treating anxiety.

### Craft Items for Sale!!



The ladies from our 4Me & Craft group have been busy making various items including cards, flowers, gift boxes, scarfs, photo frames and much more.

These items are all for sale with funds raised helping to support the ongoing work and groups in the centre. Current prices range from \$2 up to \$5. Photos of some of the items are on the back page this newsletter, but why not check out our display next time you are in the office?