

# The RAM.

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The Magazine by and for Serving and Ex-RAAF People,  
and others.

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## Health and Life style.

### Retirement Villages.

Each Australian State and Territory (and New Zealand) has enacted specific legislation that regulates the operation of retirement villages. The main purpose of the legislation is to protect the interests of residents and prospective residents. This is generally achieved by:

- imposing a heavy disclosure burden on operators,
- prescribing various matters that either must or must not be included in the legal documentation,
- regulating some (but by no means all) financial matters,
- establishing mechanisms for resolving disputes.



The legislation in each jurisdiction is different and has its own definition of what is and what is not a retirement village. This is important because a village that falls outside the definition will generally not be regulated by the legislation. The definitions generally exclude hostels and nursing homes and may exclude other facilities that are generally thought of as retirement villages, such as over 50's manufactured home villages and rental villages for seniors. Even where the legislation does apply, it may apply differently to different legal structures and contractual arrangements.

Particular legal structures and contractual arrangements may also attract the application of other legislation, such as strata title, community title, companies and securities, manufactured home or tenancy legislation.

Other legislation may also be relevant. For example, most jurisdictions have "fair trading" legislation that regulates general trading matters, including advertising and marketing. Some jurisdictions also have:

- specific residential dispute resolution legislation that applies to retirement village disputes,
- contract review legislation that allows unfair and unconscionable contracts to be modified or set aside.

The legislation and documentation can be quite complicated, so you should consider obtaining legal and financial advice from qualified professionals in appropriate circumstances.

The following links will take you to some of the relevant legislation on various online legal resource websites, but please note that you should satisfy yourself that it is current and up-to-date:

Australian Capital Territory:	<a href="#">Retirement Villages Industry Code of Practice</a>
New South Wales:	<a href="#">Retirement Villages Act 1999</a> and <a href="#">Regulations</a>
Northern Territory:	<a href="#">Retirement Villages Act 1995</a> and <a href="#">Regulations</a>
Queensland:	<a href="#">Retirement Villages Act 1999</a> and <a href="#">Regulations</a>
South Australia:	<a href="#">Retirement Villages Act 1987</a> and <a href="#">Regulations</a>
Tasmania:	<a href="#">Retirement Villages Act 2004</a> and <a href="#">Regulations</a>
Victoria:	<a href="#">Retirement Villages Act 1986</a> and Regulations <a href="#">1</a> & <a href="#">2</a>
Western Australia:	<a href="#">Retirement Villages Act 1992</a> and <a href="#">Regulations</a>
New Zealand:	<a href="#">Retirement Villages Act 2003</a> and <a href="#">Regulations</a>

Evidence has been found that shows William Tell and his family were avid bowlers. Unfortunately, all the Swiss league records were destroyed in a fire, ...and so we'll never know for whom the Tells bowled.

Sorry Rupe!!

## Shingles.

Shingles can be recognised by an outbreak of a painful rash or blisters on the skin which are isolated to one side of the body. It is caused by a reactivation of the virus that causes chicken pox (the varicella-zoster virus).



Whilst for many, the shingles rash resolves within a couple of weeks without complications, for others, shingles can lead to more than just a rash. Older Australians are more likely to bear the brunt of shingles, as the frequency and severity of complications increase with age.

A common yet little known complication of shingles is postherpetic neuralgia (PHN), a debilitating form of nerve damage pain, which is difficult to treat and may persist for years, long after the rash has healed. You can see more on that [HERE](#).

Luckily there is a vaccine available which will help prevent you from getting shingles. It's called ZOSTAVAX and is given to adults 50 years of age and older and is available only with a doctor's prescription. What must be stressed though, this vaccine is a preventative measure, it is not a cure. If you have shingles you have missed the boat.

Dr Graeme Killer, the resident doctor in the Vat Affairs magazine had an article in the March edition, you can see that [HERE](#).

The vaccine is free to DVA Gold Card holders but will cost everyone else \$225. Gold Card holders go to their GP who firstly phones DVA for approval and then writes a prescription. Chemists normally don't hold the vaccine in stock, but will order it, you then take it back to your GP who injects it into your arm.

## DVA and Alcohol dependency.

Earlier this month, the Department of Veterans' Affairs (DVA) announced that, in addition to paying for treatment for diagnosed Post Traumatic Stress Disorder (PTSD), anxiety and depressive disorders, they will now also pay for treatment for diagnosed alcohol use disorder and substance use disorder.

Eligibility has also been extended to include a greater number of members with peacetime service only. DVA will pay for treatment for these mental health conditions before, during, or after a compensation claim is made, or if a compensation claim is never made.

A new YouTube video titled 'Start the journey back to good mental health' was launched at the Victorian RSL Congress in Melbourne by the Minister for Veterans' Affairs, Senator the Hon. Michael Ronaldson, who said: "From 1 July 2014, veterans with certain mental health and other conditions are able to access treatment for these conditions regardless of their cause and link to service. Importantly, no compensation claim is required in order to access these services."

You can see the video below



<iframe width="560" height="315" src="//www.youtube.com/embed/h8bR09aIRAk?rel=0" frameborder="0" allowfullscreen></iframe>

"DVA has, for many years, been able to pay for treatment for diagnosed Post Traumatic Stress Disorder, anxiety and depressive disorders for veterans and some personnel with peacetime service, without the need for the condition to be accepted as related to service. This arrangement has now been expanded to include treatment for diagnosed alcohol use disorder and substance use disorder. Eligibility has also been extended to include a greater number of members with peacetime service only."

"DVA will pay for treatment for these mental health conditions before, during, or after a compensation claim is made, or if a compensation claim is never made".

“The key to good mental health is to take action early, I encourage you to let your members know about the new YouTube video and to contact DVA or to visit the DVA website if they would like to discuss their individual circumstances.”



“I encourage all veterans, and particularly veterans’ advocates, to familiarise themselves with the new arrangements and seek help that is available when it is required.”

Veterans and Veterans Families Counselling Service (VVCS) and Veterans Line can be reached 24 hours a day across Australia for crisis support and free and confidential counselling.

Phone 1800 011 046 (international: +61 8 8241 4546).



## Common Myths.

Recent research with veterans has shown that there are a number of myths about veterans' mental health. Let's look at the real facts.

**Myth:**

People with mental health problems are malingerers and unreliable.

**Fact:**

Many individuals with mental health problems can have difficulty coping with day to day living. Just as the symptoms of a physical health problem may affect the ability to do things, so may the symptoms of a mental health problem. This does not make someone a malingerer or an unreliable person.



**Myth:**

People with mental health problems never get better.

**Fact:**

With the right kind of help, most people do recover and lead healthy, productive, and satisfying lives.

**Myth:**

'Real men' don't talk about their problems or ask for help – counselling is for wimps.

**Fact:**

Men and women of all ages and all walks of life seek effective help from a variety of mental health professionals; including counsellors, psychologists and psychiatrists. Finding and accepting help are signs of coping and of preventing situations getting worse.

**Myth:**

Alcohol works better than medication.

**Fact:**

People with mental health problems need to be extremely careful with alcohol and stay within the low risk guidelines (see DVA's ['The Right Mix: Your Health and Alcohol'](#)). The fact is, alcohol may make problems with mood and sleep worse. Also, it may interact in harmful ways with medication prescribed for mental health problems. Where to go for more information or help

**Myth:**

There is no connection between physical and mental health.

**Fact:**

The relationship between physical and mental health is real. People with chronic mental health problems often suffer from poor physical health, while many mental health problems can be linked to an individual's response to a physical illness.

**Myth:**

PTSD is the most significant mental health problem of veterans.

**Fact:**

While PTSD has received a lot of attention over the last decade, alcohol and drug related problems, along with depression and anxiety, also have a significant impact on veterans, their families and the wider community. Many veterans experience more than one mental health problem at any given time.

**Myth:**

All the mental health problems of veterans develop because of their military experience.

**Fact:**

Mental health problems of some veterans are directly influenced by their military experience. Veterans are also subject to all the same varied influences that affect others.



**Myth:**

People with mental health problems are violent and dangerous.

**Fact:**

Overall, people with mental health problems are no more violent than others.

**Myth:**

People with mental health problems are “crazy”.

**Fact:**

Labelling people with mental health problems as “crazy” or “psycho” promotes an unhelpful and misleading stereotype and stigma. Such words belittle and offend people with mental health problems. Those affected need help and support, not negative labels and discrimination.

**Myth:**

Mental health problems are caused by personal weakness.

**Fact:**

Mental health problems are not character flaws. It has nothing to do with being weak or lacking will-power. Although people with mental health problems can play a big part in their own recovery, they did not choose to become unwell, they are not lazy and they cannot just “snap out of it.”

There is more information here:

[www.bluepages.anu.edu.au](http://www.bluepages.anu.edu.au)

[www.beyondblue.org.au](http://www.beyondblue.org.au)

Or you can call the VVCS (Veterans and Veterans Families Counselling Service) 1800 011 046

## Tanker.

The newly appointed American manager tells the Qatari supervisor to ensure that the fuel tanker is clearly labelled: Diesel Fuel in Arabic and No Smoking in Arabic. This is what he got ([See photo](#)).

## An aspirin a day could save your life.

Taking just one low-dose aspirin a day could decrease dramatically people's chance of getting cancer and dying from the disease, according to a new British study.

London's Queen Mary University's cancer prevention centre has concluded the biggest study ever into the benefits of long-term aspirin use and found the drug has the ability to save 130,000 lives over 20 years, according to *The Guardian*.



The study, which was published in *the Oxford Annals of Oncology*, found that if people aged between 50 and 65 took an aspirin tablet a day for 10 years they could drastically reduce the risk of developing certain cancers.

“Prophylactic aspirin use for a minimum of five years at doses between 75 and 325 mg/day appears to have a favourable benefit–harm profile; longer use is likely to have greater benefits,” the study's authors concluded.



Professor Jack Cuzick, who headed up the study, told British journalists that an aspirin a day “looks to be the most important thing we can do to reduce cancer after stopping smoking and reducing obesity, and will probably be much easier to implement”. According to the new research a regular low-dose aspirin dose could reduce bowel cancers by approximately 35 per cent and bowel cancer deaths by 40 per cent. It could also decrease stomach and oesophageal cancers by about 30 per cent and deaths from those diseases by up to 50 per cent.

Breast cancer risk could also be slashed by 10 per cent, with five per cent less deaths, and lung cancer cases could come down by five per cent, with deaths reduced by 15 per cent. While aspirin has long been hailed a ‘wonder drug’ and its bloodclot-busting qualities are well known to lessen the risks of heart attacks and strokes, the UK study found there was still risks of bleeding in older people who took regular doses.

Professor Cuzick told the *Annals of Oncology* that people should consult their doctor before embarking on an aspirin-a-day regime. He did add, however, that he had been taking an aspirin each day for the past four years.

## Exercise Physiology.

Exercise physiology is a specifically designed physical activity program that assists people to recover from major injury or illness and manage chronic disease. DVA introduced funding for exercise physiology treatment in 2007. In recent months, a number of questions have been received by DVA In relation to exercise physiology treatments and gym memberships for DVA health card holders.

If you have a Gold Card. DVA will pay for your exercise physiology treatment based on your clinical need. For White Card holders. DVA will pay for exercise physiology if it is a clinically necessary treatment for an accepted disability - for example: following knee surgery.

In order to access this service, you will need a referral from your GP who will determine the services you require. Exercise physiology is not intended to be an ongoing form of treatment, but rather, it is designed to give you the skills to independently manage your health condition through an appropriate exercise regime. If you feel you would like to continue with a generalised exercise regime following your treatment cycle, it becomes a private arrangement between you and your gym or exercise physiologist. DVA does not pay for general gym programs or gym memberships under Gold and White Card arrangements.



For more information see [Factsheet HSV30](#) Exercise Physiology available on the DVA website, or contact DVA on 133 254 or from regional Australia Call 1800 555 254

The other day my neighbour, who is blonde, came running up to me in the driveway jumping for joy! I didn't know why she was jumping so excitedly but I thought, "what the heck", and I starting jumping up and down along with her. She said, "I have some really great news!" I said, "Great. Tell me why you're so happy." She stopped jumping and breathing heavily from all the jumping up and down, told me that she was pregnant. I knew she'd been trying for a while so I told her, "That's great I couldn't be happier for you!" Then she said, "There's more" I asked, "What do you mean there's more?" She said, "Well, we are not having just one baby. We are going to have TWINS!" Amazed at how she could know so soon after getting pregnant, I asked her how she knew. She said.... Well, that was the easy part. I went to K-Mart and they actually had a home pregnancy kit in a TWIN-pack. Both tests came out positive!"