



South Asian Muslim Association

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SAMAA MISSION STATEMENT

“ To evidence the Islamic spirit of love, compassion and charity in providing a range of services to the aged of South Asian Muslims in NSW that best meet the physical, spiritual, cultural and emotional needs of the individuals, their families and the Muslim community”

SAMAA'S VOLUNTARY SERVICES

Samaa's volunteer service includes

- a) Providing home help to the aged and infirm. This may include cook food for them, do necessary cleaning and washing.
- b) Alleviate loneliness through regular visits by the volunteers and spending time with them.
- c) Transport to attend Friday prayers and social events. This helps many of our elderly in enjoying some social life.
- d) Transport to doctors, help them in day to day shopping.

We need volunteers in various areas of Sydney to provide the services mentioned above. We request all brothers/sisters who can spare some time to offer their services and register themselves as volunteers.

SAMAA has introduced the system of paid volunteers where volunteers can be paid for the work they do or for the personal expenses they incur in serving the elderly.

Please contact SAMAA or fill out the Voluntary registration form on SAMAA website.



Aliya Khatoon's 100th birthday celebration

SAMAA AND NURSING HOMES

SAMAA has arrangements with two nursing homes in Sydney for placement of South Asian Muslim elderly, needing nursing home care.

Curie Nursing Home which is located in Oatlands, near Parramatta, in a quiet cul-de-sac with large surroundings. It is a 44 beds facility with plans to be upgraded to 100 bed facility. It is "Cluster" nursing home which specialises in care of Muslim Aged. Only Halal food is served. Muslim elders are helped in wudu and praying. All forms of religious activities are encouraged. Skilled Muslim staff members and external health practitioners are constantly available to provide high levels of care.

Wallgrove Aged Care Facility is located at 35, Yerrick Road in Lakemba at a walking distance from the main mosque. It is a 52 bed high care nursing home with some of its residents being Muslims. Only Halal food is served and It has many South Asian staff members. Accommodation consists of a mix shared, single and couples. rooms. that are offered to residents based on individual needs and preferences.

SAMAA CELEBRATED JASHNE BUZURG 2011



SAMAA celebrated its annual event, Jashne Buzurg 2011, on 12 March at Auburn Town Hall. Nearly 300 people, including a number of parliamentarians, representatives from aged care agencies, representatives from Islamic and South Asian community organisations along with a large number of elderly & their families, volunteers and well wishers attended the event. Federal Minister for Ageing Hon. Mark Butler sent a video message while those in attendance included NSW parliamentarians Hon. Barbara Perry, Hon. Paul Lynch, Hon. John Robertson, Hon Shouquett Moslemane, President of Muslim Australia (AFIC) Mr Ikebal Patel, Director of Neuropsychiatric Institute, Prince of Wales Hospital Professor Perminder Sachdev, Public Trustee Fellow in Elder Law at UWS Ms Sue Field, representatives from NSW TACS (Transcultural Aged Care Service) and HACC (Home and Community Care).

The first segment featured the 100th birthday celebrations of the eldest South Asian Muslim, Begum Aliya Khatoon Siddiqui.

Hon. Mark Butler in his video message acknowledged SAMAA's contribution in caring for the South Asian Muslim elderly. He spoke about our submission to the productivity commission, published in its Draft Report Jan 2011, which had detailed specific issues relating to our community. He has assured his support in SAMAA's future endeavours.

The guest speaker, Dr Perminder Sachdev, delivered a captivating talk on Alzhierners Disease, detailing various critical issues and highlighting the need for both medical and psychological therapies. A short film produced by Mobinah Ahmad depicted the issues faced by the elderly of migrant communities in a humorous manner. Aamina Un Nabi, Saminah Ahmad and Rubinah Ahmad received volunteering awards for their exceptional services to SAMAA.

SAMAA official Mr Zahid Jamil briefed the audience about various SAMAA programmes and its efforts in accessing facilities from various government departments. SAMAA is seeking support and is willing to cooperate with various South Asian and Muslim organisations in developing aged care programmes for the Muslim elderly. SAMAA is also engaged in liaising with various aged care agencies and providers about the requirements more specific to the cultural and religious needs of South Asian Muslims so that they tune their services to suit the needs of our elderly. Mr Jamil urged both Federal and State governments to look at the South Asian Muslim community more favorably so that SAMAA is able to provide the aged of our community what they deserve.

SAMAA-CareConnect Workshops

These workshops are organised by Care Connect with the support of South Asian Muslim Association of Australia. There is no charge for the sessions. The workshops are funded by Ageing, Disability and Home Care NSW as part of the Positive Ageing Grant 2011.

About Care Connect

Care Connect is a major community care provider that supports and empowers individuals with care needs to live happy, healthy and independent lives. Care Connect works with frail aged individuals, adults with multiple and complex health issues and families caring for an individual with a disability or complex care need. Care Connect is a not-for-profit, charitable organization and operates from 13 offices throughout Victoria, New South Wales and Queensland.

The workshops are designed to support ageing initiatives that strengthen communities, contribute to an aged-friendly culture in NSW and maximise opportunities for older people to remain active, socially connected and engaged. This 3 Hours session includes talks by health care experts including community doctors, representations from local aged care services providers. Refreshments are served. Balcktown workshop on 7th April attracted more than 50 elderly and included talks by Alzheimer's NSW and Dr Ahad Khan while Tunstall Healthcare, Independence Australia, Commonwealth Carelink and Respite Centre and Dementia Advisory Service were present.

Please note below the tentative dates and venues for upcoming workshops. **Please ring SAMAA to verify details close to the date:.**

Rockdale Senior citizens Club (10am—1pm) Rockdale, Monday 9th May 2011

Hornsby Heights Community Centre (10am—1pm) 104A Galston Road Hornsby Heights Thursday 9th June 2011

East Campbelltown Community Hall (10am—1pm) Macquarie Street Campbelltown Thursday 16th June 2011

Richmond Community Centre (10am—1pm) 20 West market Street Richmond Wednesday 3rd August 2011

Punchbowl Community Centre (10am—1pm) 44 Rossmore Avenue Punchbowl Tuesday 6th September

South Tweed Community Hall (10am—1pm) Cnr Brett and North Street Tweed Heads Tuesday 27th September

Bankstown Senior Citizens, 7 West Terrace Bankstown, Thursday 13th October (4pm—7pm)

West Bathurst House, 5 Wark Parade Bathurst, Friday 14th October (1pm—4pm)

To register your interest: Care Connect Ivy Yen: 029830 8905,
SAMAA Mona:02 9543 9769, Syra Buksh : 88246435 M 0414334613

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Sydney Contact : Masood Hussein : 0414 749 245

PLEASE DONATE TO SAMAA'S BENEVOLENT SERVICES FUND

This fund is utilized in providing voluntary services to our elderly.

Account Name: South Asian Muslim Association of Australia

ANZ Bank, BSB: 012 081

Account Number: 901179677

To watch "SAMAA Buzurg Village" film, visit YouTube link

<http://www.youtube.com/watch?v=GufRaHKGcU>

DEPRESSIVE ILLNESS IN THE ELDERLY (BY DR. AHAD KHAN)

Prevalence

The prevalence of Depressive Illness in the General Elderly Community is ~ 10 %

It rises with each advancing decade of Life after 60 years age & reaches up to 30% by the time we hit 80 years age. But, when there are other co-existing Debilitating Illnesses, (Diabetes / Heart Disease / Lung Disease / Dementia), it reaches 40 to 50 % & also occurs much more early. Also, in Institutionalised Persons, it is more common, particularly, when Dementia is also present.



Once we retire from being a ' Useful ' & a ' Productive ' person, irrespective of our Profession, a feeling of ' Uselessness ' sets in, predisposing to Depressive Illness. So, it is important that we encourage our Elders to be ' Active ' for as long as possible. Occupational Therapy is very useful in Elders, in keeping Depressive Illness at bay. Should a Person, due to a debilitating Accident or due to the occurrence of a Debilitating Illness, lose his / her ability to function independently & becomes ' Dependent ' on others, Depressive illness is 3 times more likely to set in within 2 years.

Persons who have been made to leave their ' Home ' for any reason & made to live in Shared Accommodation (Nursing Home / Hostel), are prone to develop Depression. Loss of Mobility, from Arthritis, or from losing Driver's License / Death of a Life Partner / Social Isolation, predispose to Depressive Illness.

Diagnosing Depression

Commonly, it presents in a masked form, behind a plethora of Physical Symptoms. Usually, a good number of the following Symptoms are present: **Tiredness** (where no other Physical cause is present, like Anaemia / Cardiac Failure / Cancer, etc.) **Anhedonia** (lack of pleasure, in previously enjoyable Activities) **Insomnia** - typically, the Sleep disturbance is during the 2nd half of the Sleep cycle - i.e. - early hours of the morning. **Poor Appetite** **Poor Concentration** & reduced confidence in Decision - making ability. ' **Low Mood** ' - lack of spontaneous Facial expressions - a ' Flat Face '. **Lack of Motivation** - there is no self-motivation to do things & the patient needs to be cajoled & pushed into doing things. **Tearfulness** - the person breaks into tears very easily. **Excess Irritability / Tenseness / Agitation** **Suicidal Ideations** - the person thinks of Suicide & cannot see any ' light at the end of the tunnel '. **Guilt Feelings** - the person constantly blames himself / herself, for events in the Past.

Management of Depressive Illness in the Elderly

The earlier the Diagnosis is made, the better the chances of recovery.

Psycho-Therapy is the mainstay of treatment & is successful in ~ 80 % of cases.

A good number will require Medications. The newer generation of Medications have a better Side-effect profile & are very effective.

Depressive Illness is like Diabetes or High Blood Pressure - it is a chronic Illness & requires Medications on an ongoing basis - No, one does not get ' Dependent ' on the Medication - just that the Depressive Illness, being a chronic Illness, will simply re-appear if the Medications are ceased, just like Blood Pressure or Diabetes will re-appear if Medications are stopped. The benefits of Anti-Depressants far outweigh any other concerns - the Quality of Life dramatically improves & the Patient is more cheerful / more motivated / sleeps better / looks forward to enjoyable activities, etc.

(This Article is dedicated to each & everyone of us, who is actively involved in the Care of the Elderly - may Allah bless all the Carers of the Elderly – aameen)

"Your Lord has commanded that you worship none but Him, and be kind to your parents. If either or both of them reach old age with you, do not say 'uff' to them or chide them, but speak to them in terms of honour and kindness. Treat them with humility, and say, 'My Lord! Have mercy on them, for they did care for me when I was little.'" (Qur'an 17:23-4)