Psoriasis Australia
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# Psoriasis + PSORIATIC ARTHRITIS 4

A GUIDE FOR LIVING WITH PSORIATIC DISEASE IN AUSTRALIA

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ucb Inspired by patients. Driven by science.

Psoriasis Australia is the leading Australian not-for-profit patient organisation at the forefront of raising awareness and understanding of Psoriatic Disease (Psoriasis – PSO and Psoriatic Arthritis – PSA) with the medical profession and wider Australian public.

# About Psoriasis Australia

Psoriasis Australia aims to:

- Educate patients, families and the general community about psoriatic disease and its treatments
- Provide support patients and their families
- Distribute new information and research results
- Encourage research into new treatments and potential cures.

To support these aims, Psoriasis Australia fundraises at the local level and maintains contact with government departments, health authorities, pharmaceutical companies and psoriasis support groups worldwide.

We welcome your involvement with Psoriasis Australia and encourage you to make contact for further information.



# CONTENTS

# JUST BEEN DIAGNOSED

If you've just been told you have psoriatic arthritis (PsA), you might be feeling confused, worried, or unsure what it all means. That's completely normal. PsA can affect people in different ways, but with the right care and support, it's possible to live a full, active life.

Psoriatic arthritis is a long-term condition that causes inflammation in your joints and sometimes affects your skin. The good news is that treatments and self-care can help keep symptoms under control and protect your joints from damage.

You don't have to face this alone — your GP, rheumatologist, dermatologist and Psoriasis Australia are here to help

**Key points:**

- Psoriatic arthritis isn't your fault — it's an immune system condition, not something you caused.
- Many people find relief once they get the right treatment plan.

Regular check-ups and small daily changes can make a big difference.

You might have numerous inquiries regarding the adjustments you might need to implement in your daily routine. This straightforward guide is here to assist you in addressing some of those concerns. Nonetheless, we suggest that during your next medical visit, take a moment to jot down any remaining questions you have, ensuring you won't overlook them when you meet with your healthcare provider.

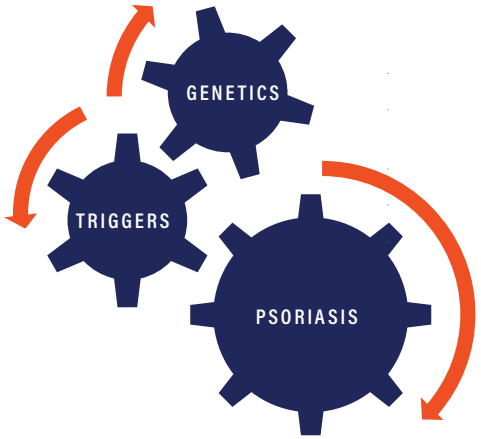
# WHAT IS PSORIASIS?

Psoriasis is a common autoimmune condition, with as many as one in 1.6 million Australians living with the condition.

The most common form of psoriasis causes raised, inflamed, scaly, red skin lesions, known as plaques. It is non-contagious, so it cannot be caught from someone else.

# WHAT CAUSES PSORIASIS?

Psoriasis is an autoimmune disease – it is caused by overactivity of the immune system in the skin.




Immune cells accumulate and produce a range of chemicals, which act as if they are fighting infection or healing a wound. Skins cells multiply at an abnormally fast rate, forming psoriasis plaques.

Up to half of people with psoriasis have a family history of the condition, and inherited factors are known to be important.[2] However, even if a person is genetically predisposed to the condition, psoriasis may not appear. A trigger is required for it to develop.

**These triggers or risk factors include:**

- Smoking
- Alcohol consumption
- Infections
- Physical trauma
- Injury to site
- Certain medications
- Emotional stress

**Plaque psoriasis lesions are usually:**

- Dry
- Raised slightly above the skin
- Red
- Covered with silvery scales

**They may also be:**

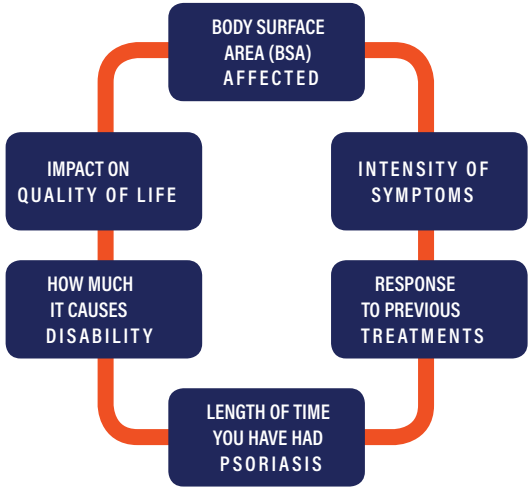
- Itchy
- Inflamed
- Painful
- Cracked
- Bleeding

# HOW MAY PSORIASIS AFFECT MY SKIN?

There may be just a few lesions or there may be many. They can be found anywhere on the body.

Your healthcare professional will need to estimate the severity of your psoriasis in order to decide the most appropriate management strategy for you.

Classification of your psoriasis severity should take into account...



# HOW ARE PSORIASIS AND PSORIATIC ARTHRITIS LINKED?

Psoriasis and psoriatic arthritis (PsA) are closely linked, both stemming from an overactive immune system. Approximately 30% of individuals with psoriasis develop PsA, a chronic inflammatory arthritis that can affect joints and areas where tendons and ligaments connect to bone.

The same immune system dysfunction responsible for the rapid skin cell turnover in psoriasis also contributes to joint inflammation in PsA. Interestingly, treating psoriasis with biologic therapies has been shown to reduce the risk of developing PsA, highlighting the interconnectedness of these conditions.

Research is ongoing to identify biomarkers that predict the progression from psoriasis to PsA, aiming for earlier intervention and better outcomes.

While managing both conditions can be challenging, advancements in treatment and a deeper understanding of their relationship offer hope for improved quality of life. If you have psoriasis and experience joint pain or swelling, it's important to consult a healthcare provider, as early diagnosis and treatment can prevent joint damage

# WHAT IS PSORIATIC ARTHRITIS?

Psoriatic arthritis (PsA) is a form of arthritis that happens when the immune system – which is meant to protect you – turns up the inflammation in your body in places it shouldn't. Those places can include joints, tendons (the places where muscles attach to bone), the spine and sometimes the skin and nails.

Many people with psoriasis (a skin condition) will go on to develop PsA — though not everyone. The exact cause remains uncertain: genetic, immune and environmental factors all play a part.

**APPROXIMATELY 30% OF PEOPLE DIAGNOSED WITH PSORIASIS WILL GO ON AND DEVELOP PSORIATIC ARTHRITIS**



# THE BASICS:

- PsA is a chronic inflammatory arthritis associated with psoriasis — though you don't always need to have visible skin disease.
- it's estimated that a significant portion of people with psoriasis may go on to develop joint symptoms.
- Worldwide, PsA affects roughly 0.1 % of adults in the general population, but the number is higher among people with psoriasis
- It affects men and women about equally, often in the 30–60 year age range.

# EARLY RECOGNITION AND TREATMENT REALLY MATTER

When it comes to Psoriatic Arthritis (PsA), understanding why early recognition and treatment really matter can help you feel more empowered — not just in the moment, but for the future of your health and life. Here's a deeper look at the reasons, explained in a way that puts you at the centre of the picture.

### Inflammation doesn't wait

PsA is an inflammatory disease — meaning your immune system is active in places it shouldn't be (joints, entheses, spine, sometimes skin and nails). That inflammatory process doesn't always stay quiet. Over time, it can lead to actual structural damage: cartilage loss, bone erosion, changes in the way joints fit together. Research shows that delays in diagnosis and treatment can lead to irreversible joint damage

Even if your symptoms are mild now, the "quiet" damage might already be in motion. Starting appropriate care sooner gives you a better chance to slow or stop structural change, and preserve function.

## There's a window of opportunity

Medical experts now speak of a "window of opportunity" in PsA — a period early in the disease when intervention may be more effective. Studies show that starting treatment early (including disease-modifying medications) is associated with better outcomes: less damage, better control of inflammation, and higher chances of low disease activity or remission.

The sooner you, your GP and specialist recognise what's happening, the more likely you are to get ahead of the disease rather than feeling like you're always catching up.

## Impact on your life goes beyond joints

PsA doesn't just affect your joints. It can affect your day-to-day in many ways:

- Stiffness, pain and fatigue can reduce your ability to do what you want to do — from work to hobbies to family activities.
- If joints change shape or function is lost, tasks you once took for granted may become harder.
- Because of chronic inflammation, people with PsA face a higher risk of other health issues (for example cardiovascular disease).

Therefore: Early and effective management isn't just about "treating arthritis" — it's about preserving your overall life, your independence, your ability to participate in what matters to you.

### Treatment works better when started sooner

If the disease is better controlled early, treatment tends to have more benefit. For example, when inflammation and damage are still limited, you may need fewer or less aggressive treatments, and you may achieve better outcomes (like fewer flares, less pain, better mobility).

For you: It means talking with your doctor about "What are our aims and when should we review how things are going?" If you start early and stay consistent, you may avoid a scenario where damage has already occurred and you're simply managing decline.

### You gain more control — and confidence

Knowing that early detection and ongoing management matter gives you a sense of agency. You can:

- Keep an eye on symptoms and report them early
- Ask questions of your health team about monitoring, progression, goals
- Participate in decisions about treatment timing
- Embrace lifestyle factors (exercise, weight, smoking, etc) that support better outcomes

This sense of control can reduce anxiety, improve your everyday wellbeing, and help you feel less like PsA is "running your life".



### The cost of "waiting" can be high

The longer inflammation quietly damages joints (or other tissues) before treatment starts, the more likely you are to need stronger medicines, to have more joint damage, to face reduced mobility or increased pain. That's why recognising "why this matters" is not just academic — it's real.

## SUMMARY:

When you reflect on "why this matters," remember:

- PsA is not simply "joint pain" — it has the potential for long-term impact if untreated.
- There is a real benefit to early recognition and intervention.
- Your life, your function, your independence, your health more broadly are all at stake.
- The longer you wait (for diagnosis, for treatment, for lifestyle changes), the harder it can become to reverse change — but the earlier you start, the stronger your position.
- You and your healthcare team are partners in this: recognising early signs, acting, monitoring, adjusting.

# HOW PSORIATIC ARTHRITIS MIGHT AFFECT YOU

PsA can look different person to person. You might notice:

- Pain, swelling, stiffness in one or more joints
- Tendon or ligament pain (for example at the back of the heel or sole) — called enthesitis.
- Swollen fingers or toes (sometimes called dactylitis) — “sausage” digits.
- Changes in your nails — pitting, thickening, separation from the nail bed.
- Skin symptoms: perhaps you already have psoriasis, or may develop it.
- Fatigue, low mood, difficulty in work or everyday life may follow.

Keep in mind:

- Some people have mild symptoms for a long time; for others the course is more aggressive.
- It’s not only about your joints: PsA can affect sleep, mood, mobility, and your ability to do what you love.
- Because of the extra inflammation, there’s a higher risk of cardiovascular and other health issues.

# HOW PSORIATIC ARTHRITIS DIAGNOSED?

There's no single test that "proves" PsA. Instead, your doctor will review your symptoms (joint, skin, nails), carry out a physical exam, may order blood tests for inflammation, and possibly imaging (x-ray, ultrasound) to assess joint damage or tendon involvement.

If PsA is suspected, a referral to a rheumatologist (joint specialist) is usually appropriate. Skin involvement may involve a dermatologist too.

**Your role:**

- Be honest about how you feel: pain, stiffness, your skin, your nails, your energy, your mood.
- Ask questions: What does this treatment do? What are the goals? How will we measure success? What are potential side-effects?
- Track your symptoms: when they happen, what makes them worse/better, how they affect your life.
- Think long-term: PsA is a condition you manage, not one you "fix" overnight.

# TREATMENT: OPTIONS & WHAT IT MEANS FOR YOU

Your treatment plan will be individualised — what works for someone else may not be your path. The goal is to reduce inflammation, relieve symptoms, prevent joint damage, maintain mobility and quality of life. In Australia, guidelines emphasise acting early and adjusting treatment until you reach remission or low disease activity.

## Common treatment options:

- NSAIDs (non-steroidal anti-inflammatory drugs) for pain and swelling.
- Corticosteroids (short-term use) for flares.
- csDMARDs (conventional synthetic disease-modifying anti-rheumatic drugs), such as methotrexate or sulfasalazine — help slow disease progression.
- bDMARDs (biologic DMARDs) and tsDMARDs (targeted synthetic DMARDs) — newer treatments aimed at specific immune pathways, often for more active disease.
- Non-drug approaches — exercise, physiotherapy, occupational therapy, weight management, healthy lifestyle.

## Questions worth asking:

During your medical appointment, you will most likely be provided with a lot of information about different treatment options. It is always a good idea to have some pre-prepared questions to ask your doctor, below are some suitable questions to ask:

- What do you consider “success” for me in the next 3–6 months?
- What side-effects should I watch for?
- How will we monitor joint damage / inflammation?
- Are there lifestyle changes I should focus on alongside medication?

# EVERYDAY LIFE: MANAGING BEYOND THE MEDICINE

Regular physical activity is one of the most powerful things you can do. It helps joints, muscles, mood and sleep. Even on “hard days”, gentle movement (walking, swimming, yoga) can help.

## HEALTHY LIFESTYLE HABITS

- A balanced diet: plenty of vegetables, lean proteins, whole grains — maintaining a healthy weight reduces stress on joints
- Stop smoking — it worsens inflammation and reduces treatment effectiveness.
- Monitor your cardiovascular health — because PsA increases risks, such as heart disease.
- Sleep, rest, stress-management matter just as much as what you do when you are awake.

## PRACTICAL WAYS TO LIVE WELL

- Plan around difficult days: anticipate fatigue or flare, build in rest or schedule flexibility.
- Protect your joints: use good ergonomics, avoid unnecessary strain, use supports if needed.
- Stay socially connected: your condition is part of your life – not your whole life.
- Work and relationships: speak to your employer/family about how your condition affects you; ask for support or adjustments when needed.

# EMOTIONAL & SOCIAL SUPPORT

Living with PsA brings physical challenges—but it also affects how you feel, who you are, and how you connect with others. It's normal to experience frustration, sadness, anxiety, isolation or uncertainty. The condition might impact your body —but it also touches your mind, your relationships, your goals, your sense of self.

## WHY MENTAL HEALTH MATTERS

- PsA doesn't just hurt your joints. Inflammation, pain, fatigue, disruption of sleep, unpredictability of flares—all of these contribute to emotional distress
- People with PsA have higher rates of anxiety and depression compared to the general population.
- If emotional health is overlooked, it can affect how well you manage the condition: your treatment adherence, your physical activity, your lifestyle habits.
- On the flip side: caring for your mental health supports your physical health. Good mood, better sleep, social connection, low stress = more resilient body and mind.

# PRACTICAL TIPS TO SUPPORT YOUR MENTAL HEALTH

Here's a list of things you may try. Pick what works for you. You might not use all of them—and that's fine. The aim is progress, not perfection.

## RECOGNISE WHAT YOU'RE FEELING

- Give a name to how you feel: "I'm anxious about the flare", "I'm frustrated I can't keep up", "I feel isolated". Naming feelings helps.
- If you notice signs of depression or anxiety (persistent low mood, irritability, lack of interest, worrying a lot, poor sleep) talk to your GP or specialist
- Acknowledge that emotions are valid—not a weakness.

## TALK OPENLY

- With your doctor or rheumatologist: "I'm not just worried about my joints—I'm worried about how this is affecting me mentally." They may refer you to a psychologist or counsellor.
- With family and friends: Share how you're feeling. Even one person who "gets it" can make a difference.
- Peer support: Talking with others who have PsA can reduce isolation and provide comfort and strategies.

## CONNECT & PARTICIPATE

- Stay socially connected: invites for a coffee, chat, gentle outing. Being with others reminds you you're not alone.
- Join groups: either local or online PsA/arthritis groups in Australia. Sharing experiences helps.
- Adapt your activities: If your previous hobbies are harder now, adjust them rather than give them up entirely. This supports identity and joy.



## BUILD HEALTHY ROUTINES

- Sleep: Aim for regular, restful sleep. Poor sleep amplifies pain, fatigue and mood problems.
- Movement & activity: Gentle exercise boosts mood, reduces stress and supports joint/muscle health. Even a short walk or water-based exercise can help.
- Stress-management: Practice mindfulness, deep breathing, meditation or gentle yoga. These reduce the body's "fight or flight" response and support calm.
- Nutrition & lifestyle: A balanced diet, limiting alcohol, stopping smoking, maintaining healthy weight—all support both your joints and your mind.

## PLAN FOR THE TOUGHER DAYS

- Have a "flare day" plan: know ahead what you'll do if pain/mobility worsens. Maybe it's a lighter workload, more rest, a phone call with a friend.
- Accept that there will be ups and downs. That doesn't mean failure—it means you're human.
- Keep track of your moods, symptoms, triggers: seeing patterns can help you and your care team adjust.

## SEEK PROFESSIONAL HELP WHEN NEEDED

- If your mood doesn't improve or you feel overwhelmed, let your GP know. They can suggest a mental health treatment plan, refer you to psychologists or psychiatrists, or adjust your care accordingly.
- Counselling can help with coping skills: e.g., cognitive behaviour therapy (CBT) to challenge unhelpful thoughts ("I'll never get better") and build resilience.
- f you experience thoughts of self-harm or suicide, seek help immediately: in Australia dial 000 (for emergencies) or Lifeline 13 11 14, or make your way to an emergency department.

# YOUR HEALTH CARE TEAM

Managing your psoriatic disease and other associated comorbidities works best when you have a team of healthcare professionals supporting you. Not everybody's health care team will look the same. During your treatment journey, you will come across a range of health care professionals who will be responsible for different aspects of your care. These may include:

**General Practitioner (GP) or Family doctor**

Your GP is your main point of contact for your health. They help coordinate your care, manage your medications, and refer you to specialists when needed. Your GP can also support you with:

- Regular health checks for diabetes and psoriasis
- Monitoring your blood pressure, cholesterol, and weight
- Coordinating care between your specialists
- Set up Chronic Disease or Mental Health Management Plans

**Dermatologist**
A skin specialist who treats psoriasis and other skin conditions. They can help you manage your symptoms and keep your psoriasis under control.

**Rheumatologist**
A doctor who specialises in diagnosing and treating arthritis and other joint, muscle, and bone conditions. They help you manage psoriatic arthritis and make sure you're on the best treatment plan for you.

**Endocrinologist:**
A hormone specialist who helps manage diabetes and related conditions such as thyroid problems or metabolic syndrome. They can help you balance your blood sugar, medications, and lifestyle.

**Cardiologist:**
A heart specialist. Because both psoriasis and diabetes increase your risk of heart disease, your GP might refer you to a cardiologist for heart health checks.



**Ophthalmologist**
An eye doctor who can check for diabetes-related eye changes (such as diabetic retinopathy) and for eye inflammation related to psoriasis (called uveitis).

**Nephrologist**
A kidney specialist who may become involved if you have kidney complications from diabetes or other health issues.

**Gastroenterologist**
A specialist in gut health. Some people with psoriasis or psoriatic arthritis also develop inflammatory bowel disease (IBD).

**Orthopaedic Surgeon**
A doctor who treats bone and joint problems through surgery. They may help if joint damage or pain becomes severe.

**Dietitian**
Helps you make healthy food choices, manage your weight, and keep your blood sugar stable. They can also guide you on foods that may help reduce inflammation.

**Exercise Physiologist**
Designs safe and effective exercise programs to help you stay active, manage your weight, and protect your joints.

**Podiatrist**
Looks after your feet and nails — very important for people with diabetes, as well as for those whose psoriasis affects the feet.

**Pharmacist**
Can explain how your medicines work, check for side effects, and help you use them safely — especially if you take multiple medications.

**Occupational Therapist (OT)**
Helps you manage everyday activities more easily and may suggest aids or devices to reduce strain on your joints.

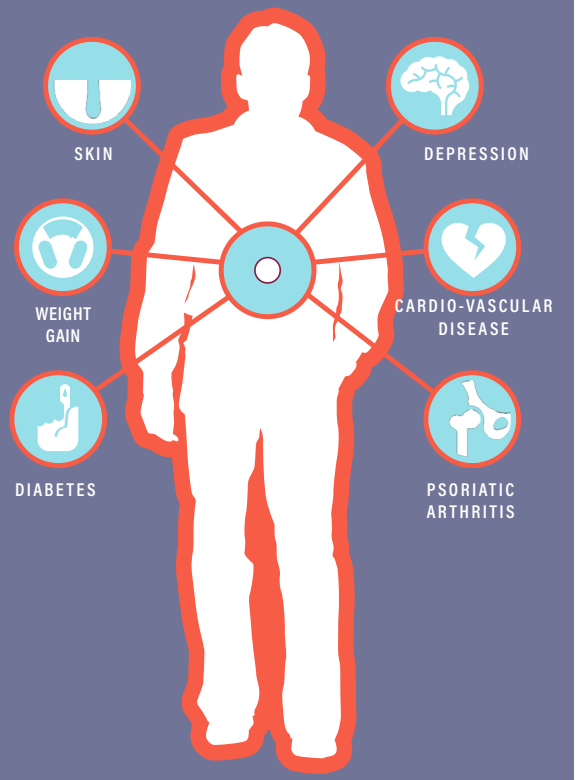
**Psychologist or Counsellor**
Supports your mental well-being. Living with long-term conditions like psoriasis and diabetes can sometimes feel overwhelming — and talking to a professional can really help.

# SHOULD I BE MINDFUL OF ANY OTHER POSSIBLE CONCERNS?

You might have come across the information that individuals with psoriatic disease face a heightened risk of associated comorbidities. A comorbidity refers to a health condition related to an existing ailment, like psoriasis. Conditions such as anxiety and depression are recognized as comorbidities linked to psoriasis and psoriatic arthritis. Additional comorbidities associated with psoriatic disease encompass cardiovascular disease, metabolic syndrome, obesity, hypertension, and type 2 diabetes.

The presence of psoriasis or psoriatic arthritis elevates the likelihood of developing a comorbidity. However, it is essential to keep in mind that being at risk does not ensure that a condition will manifest. Various elements, including personal and family health histories, current or past treatments, lifestyle choices, and the severity of your psoriatic disease, play a crucial role in determining your health outcomes.

The most important thing is not to be overwhelmed. Help is available for all associated conditions.




# COMORBIDITIES OF PSORIATIC DISEASE

**Psoriatic disease affects more than the skin. Because it is an inflammatory condition, it can increase the risk of several other health problems, known as comorbidities.**

**Understanding these can help you take steps to protect your overall health.**

## CARDIOVASCULAR DISEASE (CV) RISK

People with psoriatic disease have higher levels of inflammation throughout their body. This long-term inflammation can damage blood vessels, making them narrower or stiffer. Over time, this increases the risk of heart disease, stroke, high blood pressure, and high cholesterol. People with severe psoriasis or psoriatic arthritis are at even greater risk.

### WHAT SHOULD I DO?

- Have regular checks of your blood pressure, cholesterol, and heart health with your GP.
- Maintain a healthy weight and quit smoking if you smoke.
- Eat a heart-healthy diet with plenty of fruits, vegetables, whole grains, lean proteins, and healthy fats.
- Stay physically active most days of the week.

## PSORIATIC ARTHRITIS (PSA)

Psoriatic arthritis is a type of inflammatory arthritis that affects some people with psoriasis. It occurs when the immune system attacks the joints and the places where tendons attach to bones. This causes pain, stiffness, and swelling, especially in the fingers, toes, back, and heels. Without treatment, PsA can lead to joint damage and loss of mobility.

### WHAT SHOULD I DO?

- See your GP or a rheumatologist if you have joint pain, swelling, or morning stiffness.
- Early diagnosis and treatment can help prevent joint damage.
- Treatment may include medications to reduce inflammation and protect joints.
- Stay active with gentle exercise and stretches to maintain flexibility and strength.

## INFLAMMATORY BOWEL DISEASE (IBD)

Psoriatic disease shares similar immune pathways with conditions like Crohn's disease and ulcerative colitis. These cause inflammation in the digestive tract, leading to symptoms such as stomach pain, diarrhoea, and fatigue.

### WHAT SHOULD I DO?

- Tell your doctor if you have ongoing digestive problems.
- A gastroenterologist can perform tests and provide treatment.
- Follow your treatment plan closely and avoid anti-inflammatory medicines unless prescribed.

## DEPRESSION AND ANXIETY

Living with psoriatic disease can be emotionally challenging. Visible skin symptoms, chronic pain, and fatigue can affect self-esteem and social life. Ongoing inflammation may also influence brain chemistry, increasing the risk of depression and anxiety.

### WHAT SHOULD I DO?

- Talk openly with your doctor about how you're feeling — mental health is just as important as physical health.
- Seek support from a psychologist, counsellor, or support group.
- Stay connected with family and friends.
- Try relaxation techniques like mindfulness, deep breathing, or yoga.

## OBESITY

Many people with psoriatic disease are overweight or obese, partly due to inflammation, lifestyle factors, and reduced activity during flares. Extra body fat, especially around the waist, can worsen psoriasis and reduce how well treatments work. Obesity also increases the risk of other comorbidities like heart disease and diabetes.

### WHAT SHOULD I DO?

- Aim for gradual, sustainable weight loss through healthy eating and regular activity.
- Speak with your GP or a dietitian for individual advice and support.
- Stay active in ways that suit you, such as walking, swimming, or cycling.
- Celebrate small, steady progress toward your goals.



## NON-ALCOHOLIC FATTY LIVER DISEASE (NAFLD)

NAFLD occurs when fat builds up in the liver and is not caused by alcohol. It is more common in people with psoriasis or PsA, especially those who are overweight, have high cholesterol, or diabetes. If untreated, it can lead to liver inflammation or scarring.

### WHAT SHOULD I DO?

- Have regular liver function tests.
- Maintain a healthy weight and manage blood sugar and cholesterol.
- Limit alcohol and eat a balanced diet.

## EYE DISEASE (UVEITIS)

Uveitis is inflammation inside the eye, which can occur in people with PsA. It can cause eye redness, pain, blurred vision, and light sensitivity. If not treated quickly, it can lead to vision loss.

### WHAT SHOULD I DO?

- See an eye specialist (ophthalmologist) urgently if you notice eye pain, redness, or vision changes.
- Follow treatment instructions — anti-inflammatory eye drops or medicines may be needed.
- Have regular eye check-ups if you have psoriatic arthritis.

## OSTEOPOROSIS

Chronic inflammation, physical inactivity, or long-term use of corticosteroids can weaken bones, leading to osteoporosis. This makes bones more fragile and more likely to break.

### WHAT SHOULD I DO?

- Get enough calcium and vitamin D through food, supplements, and safe sun exposure.
- Do regular weight-bearing exercise such as walking or resistance training.
- Avoid smoking and excessive alcohol.
- Ask your doctor about a bone density scan.

# WHERE CAN I GET HELP?

You're not alone. There are many support groups and patient organisations that can offer information, connection, and advocacy. These include:

**Psoriasis Australia** is the national patient organisation dedicated to supporting people living with psoriasis and psoriatic arthritis. It raises awareness, provides reliable information, and advocates for improved care and treatment options across Australia. Visit **www.psoriasisaustralia.org.au** or call

**Arthritis Australia** is a charitable not-for-profit organisation, and is the peak arthritis body in Australia. Their goal is to improve the quality of life to all people with arthritis and eliminate their suffering. Call **(02) 9518 4441** or visit **www.arthritisaustralia.com.au.**

**Lifeline** provides crisis support and suicide prevention services for Australians experiencing emotional distress 24 hours a day, 7 days a week. Call Lifeline on **13 11 14** or visit **www.lifeline.org.au**.

**CALL 000 IMMEDIATELY IF YOU FEEL THAT YOU CAN NO LONGER GO ON AND REQUIRE IMMEDIATE MENTAL HEALTH ASSISTANCE.**



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