



Mental Health
Council of Australia

WEEKLY BULLETIN

No. 20 2012

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Hi all,

Safe trip to everyone attending the National Mental Health Recovery Forum in Melbourne today and tomorrow.

Please provide any feedback/comments on the Bulletin to me directly while Kim's away at policy@mhca.org.au.

Thanks,
Peter

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1. Testing times ahead for toddlers

Sydney Morning Herald

16 June 2012

Normal, naughty or something more worrying. Amy Corderoy looks at contentious child behaviour rules.

How parents treat their children, how they raise them or help them when they get sick, are hotly contested issues. When news broke this week that new child health checks would examine mental health, it was simultaneously hailed as a great leap forward in early intervention and a dangerous experiment.

Details of what the Healthy Kids Check will involve are not yet known, other than that emotional, social and behavioural questions will be part of a broader physical and developmental check. A figure of \$11 million over five years has been promised and the government expects it will identify 27,500 three-year-olds over that time who will require further support.

The plan will be revealed after July, when an expert working group will provide recommendations to the federal Minister for Mental Health, Mark Butler, with the test to begin this coming financial year.

The president of the Australian Medical Association, Steve Hambleton, says mental health has become an "emotive topic".

"If you were working as a PR person you wouldn't have released this [story] in the way it came out," he says. Hambleton supports the check, and thinks the expert panel is mainly aiming to ease parental concerns about behaviour such as bedwetting, which is perfectly normal but can worry parents. It will also offer advice for parents worried about things such as aggressive behaviour.

"It's about recognising this concerning behaviour and looking at strategies to minimise it," he says.

However, he is still concerned children with problems linked to conditions such as autism or ADHD could be put on a path to inappropriate diagnosis. There is also the possibility



perverse incentives to diagnose children in order to get school support teachers could further push GPs in this direction.

Fear around the check ties into a deeper worry about the increasing medicalisation of normal behaviour, particularly among children where natural developmental differences and parental anxiety create the perfect environment for diagnostic creep.

How mental illness is defined and diagnosed is particularly contested at the moment, as the so-called "psychiatrists' bible", the Diagnostic and Statistical Manual of Mental Disorders (DSM) is being rewritten.

Public submissions on the changes - which affect common childhood disorders such as ADHD and autism - closed this week.

One of the world's leading psychiatrists and critics of the proposed changes, Allen Frances, was visiting Australia when the health checks were reported in *The Sun-Herald*.

For Frances, here for a conference arranged by health support service the Richmond Fellowship and a series of talks on the medicalisation of normal behaviour, the idea immediately raised a red flag.

"To do something like this you would want to have a very substantial research literature," he says. "Going full-bore to a national program is really experimenting with kids wholesale."

Frances is concerned it could lead to low expectations or stigma in families, misdiagnosis or unnecessary medication.

"Children are the most difficult to diagnose because they are in flux. If you allow the child to grow up, very often the symptoms will disappear," he says. He gives an example of a recent Canadian study that found being born in December rather than January is a strong predictor of ADHD, especially in boys.

The director of the centre for community child health at Melbourne's Royal Children's Hospital, Frank Oberklaid, is a passionate advocate for child health and chairman of the expert committee developing the child health check.



He is furious Frances's concerns have received so much attention.

"I don't think these concerns are legitimate at all, it's absolute nonsense," he says.

"Perhaps if it was eight-year-old children being screened for behavioural problems in school, but these are three-year-olds. It's not about diagnosing psychiatric diseases or putting kids on drugs."

Oberklaid points out the emotional and behavioural components will be part of a raft of questions aimed at catching developmental disorders before children reach school age, or overweight and obesity before they cause problems.

GPs could provide information or support, or referrals to paediatricians, psychologists and psychiatrists.

The chairman of the Royal Australian and New Zealand College of Psychiatrists' faculty of child and adolescent psychiatry, Nick Kowalenko, supports the test. "We need to try to ensure that these kids who are behind the eight-ball can access the help they need to get ready for school," he says.

He argues treatment must be delivered by child-specialist clinicians, which would ensure the tests do not lead to inappropriate treatment, but acknowledges there are probably not enough specialists available. Kowalenko says a fair proportion of children with problems, such as aggression, will grow out of them, but that doesn't mean children, and their parents, should not get help.

When treating his patients, the GP and spokesman for the Australian College of General Practitioners, Michael Fasher, always checks on a child's behavioural and emotional development. He sees the checks as a way of formalising the process.

"The problem really is this word 'check', which suggests it is a one-off screening and that really wouldn't work very well," he says. "It needs to be part of a continuing conversation with families and parents."

Fasher supports the check, but says it is vital it is evaluated down the track. "I think it's really important ... so at the end of the day it can be modified if necessary in the light of



experience. The intervention that is now informed by evidence - will then become based on evidence."

Fasher says this is necessary because there is always a risk of unintentional harm in inappropriate labelling arising from screening, although such concerns have been "overplayed".

Mark Butler seems a little surprised by all the criticism directed at the health check - the detail of which even he does not know yet. But he says he is sure it would be evaluated.

"I'm acutely aware of the dangers of pathologising normal behaviour," he says. "A whole lot of the work we are doing in this area is pretty new and really does require a good evaluation."

He believes the debate has been blown up by the use of the term "mental health check".

"It conjures up a lot of images of the sort of mental health chat you might have with an older child or an adult and that is not the intention," he says. "Families will welcome getting some advice about how their child is developing in social and emotional terms, as well as physical terms."

But Jon Jureidini, the head of the department of psychological medicine at the Adelaide Women's and Children's Hospital, says there is a reason people are so worried, despite not knowing the details of the test.

"There's nothing out there that's possibly appropriate to let loose on a population of hundreds of thousands of three-year-olds," he says.

One man's forward thinking, it seems, can be another's radical experiment.

<http://www.smh.com.au/national/testing-times-ahead-for-toddlers-20120615-20f9y.html>



2. Call for standard on mental health beds

The Australian

19 June 2012

THE Office of the Public Advocate in South Australia has called for a benchmark to be set for the number of mental health beds provided in each state.

This came yesterday as officials in South Australia entered a second week deadlocked over what to do with a mentally ill female prisoner handcuffed to a bed in a men's prison for up to 20 hours a day for nine months.

Public Advocate John Brayley, a former state director of mental health, and Maurice Corcoran, who heads up the state Labor government's community visitor scheme, yesterday met the prisoner, named by Health Minister John Hill in parliament last week as Jacqueline Anne Davies.

Davies, 39, in jail for arson, was moved last month to a modified cell in the women's prison, where she is being kept 23 hours a day.

Dr Brayley said he had received another serious allegation of abuse yesterday, which he had referred to the ombudsman and added to a complaint filed to the Human Rights Commission.

He said when Davies was in the Yatala prison for men, "she was handcuffed to a bed in a cell that had a toilet".

"But on a number of occasions when she wanted to go to the toilet she was left to urinate into her incontinence products. She was in tears yesterday . . . she feels she is at breaking point."

Dr Brayley blamed lack of forensic mental health beds for the situation. He said there was too much debate at local level about the appropriate number of mental health beds.

"Instead of having these debates that can go on for years, if the National Mental Health Commission were to set population targets for the number of beds as well as other services that should be available, then we would all know where we stand."



Commission chairman Allan Fels said his focus was on a national report card for mental health and suicide prevention.

"While the priorities and findings of the first report card won't be available until later in the year, the commission has consistently heard through its national consultations that improving mental health outcomes is about much more than beds, with people who have a lived experience of mental health conditions, their families and carers placing strong emphasis on the importance of support for homes, jobs, good physical care and many more areas beyond acute settings," Professor Fels said.

Australian Lawyers Alliance national president Greg Barns called for an independent prisons inspectorate in South Australia.

<http://www.theaustralian.com.au/national-affairs/state-politics/call-for-standard-on-mental-health-beds/story-e6frgczx-1226399201350>

3. Police officers labelled 'soft' for seeking trauma help

Sydney Morning Herald

20 June 2012

WA police officers have called for compulsory trauma counselling so colleagues do not label them "soft" for seeking mental health help.

The recommendation is just one of a raft of changes requested by police in a bid to improve the way the State Government looks after their mental health.

The recommendations are contained in a detailed submission to Parliament by the WA Police Union based on a survey of 141 serving officers.

It details a range of barriers stopping officers accessing counselling, including insufficient resourcing of WA Police's health and welfare division, suspicion career prospects could be harmed if information about seeking mental health help is shared, and the stigma of being labelled "soft".

According to the submission, these factors resulted in 66 per cent of respondents having reservations about accessing services.

The situation could be improved, the union said, by ensuring existing services were confidential and independent counsellors for officers to debrief.



"The trauma suffered by officers is extensive and varied," the submission says.

"The main reported exposures to trauma involved dealing with death in the form of accidental deaths, particularly road accidents, suicides and murders, particularly where children and fellow officers were involved."

Police Union representatives will front parliament today.

<http://www.watoday.com.au/wa-news/police-officers-labelled-soft-for-seeking-trauma-help-20120620-20n1o.html#ixzz1yJRBbB4h>

4. 4000km ride to help fight suicide

Northern Territory News

19 June 2012

AN ADVENTURE bike rider will pedal to Perth to raise awareness of suicide prevention.

James Quinton will begin a 4000km journey from Darwin to Perth tomorrow. He is hoping to raise \$50,000 for Lifeline NT and awareness of suicide prevention.

During his journey he will be riding through every community, town and city on his route across the NT border into Western Australia and to Perth.

The journey will take seven weeks and Quinton will be riding for eight hours a day.

He will leave Raintree Park at 9am after a fundraising BBQ arranged by Lifeline Top End. All funds go to the cause.

<http://www.everydayhero.com/au/james--quinton>

5. Health record service delayed by incomplete infrastructure

The Australian

19 June

PLANS for Health Minister Tanya Plibersek to mark the start of the \$1.1 billion e-health record service are on hold, as key parts of the system are not ready for the much-feted July 1 launch.

Sources who declined to be named say a ceremony planned at St Vincent's Hospital in Sydney on Monday, July 2 -- the first working day of the new system -- has been cancelled.



The minister's office was tight-lipped when The Australian asked whether the event had been postponed to a later date.

“We look forward to the launch of e-health, an important government reform that will cut down on medical errors and mean patients won't have to repeat their medical history every time they see a new doctor,” her spokesman said.

He would not provide any details of plans for the introduction of the government's personally controlled e-health record system, first mooted in early 2010.

St Vincent's & Mater Health Sydney is running one of the more successful PCEHR pilots, reporting last month that it had recruited 4546 consumers to its Eastern Sydney Connect shared e-health record, out of a hoped-for 46,800 participants.

The minister and her department spokespeople also had no comment on a recent visit from Peter Fleming, chief executive of the National E-Health Transition Authority, to deliver bad news on a number of fronts.

These include the lack of readiness of the national IT infrastructure, being built to NEHTA specifications by an Accenture-Oracle consortium at a cost of \$91 million. It is yet to go live. Last Friday, Mr Fleming conceded the critical user verification system, the National Authentication Service for Health, is also not ready for launch, and an “interim” system provided by Medicare will be used instead.

The Australian reported last week that IBM, which is building the NASH under a \$23.6m contract with NEHTA, was being pressed to complete the build by June 26.

Mr Fleming said the delayed delivery “will have no impact on the launch of the PCEHR”. The government has refused to consider delaying the launch of the national patient information-service, despite continuing concerns by many industry, consumer and health bodies.

These range from dissatisfaction over the operational and governance arrangements, fears for the confidentiality of personal data, the risk that doctors' computers will be targeted by medical and financial fraudsters, and the potential for clinical errors resulting in harm to



patients due to inadequate testing of software leading to unintended data mismatches or data losses.

People wanting a PCEHR will be able to register from July 1 -- by phone, in person at a Medicare office but not online -- however, the record system is unlikely to be operational any time soon.

GPs' software will not be available until September because of delays in receiving final technical and operational specifications needed to upgrade products to link with new components, as well as access to testing.

It is also unclear whether an upgrade to the Medicare-operated Healthcare Identifiers service has been completed to interface with the PCEHR infrastructure, and repositories built to hold patient data. However, the government has buckled to AMA demands to fix liability concerns: two weeks before the scheme's introduction, not one medical practice had signed up to use it.

The Health Department last week agreed to remove contentious contract conditions that would have made doctors liable if an employee leaked information from patients' electronic records.

A clause allowing government officials to raid surgeries and remove computers and records in order to investigate data breaches of the e-health system was also amended.

Meanwhile, the cost of the PCEHR project has topped \$1bn, with recent budget allocations of \$224m and another \$50m for adoption by Medicare Locals, more than double the original \$467m commitment.

And last week Ms Plibersek gave Tasmania \$37m to fund the state's rollout of the PCEHR to hospitals and allied health, pathology and diagnostic imaging services.

On a population basis, this sum indicates a potential cost of adoption by hospitals and medical specialists nationwide at about \$1.6bn on top of spending to date.

<http://www.theaustralian.com.au/australian-it/government/e-health-record-service-delayed-by-incomplete-infrastructure/story-fn4htb9o-1226399179988>



6. Peer supporters identify challenges and solutions for working in mental health

Researcher: Vivien Kemp

Reported May 2012

A recent study with peer support workers in Western Australia identified the challenges and solutions - from a peer support perspective - of being employed in mental health services.

A focus group of seven peer supporters (out of the 25 identified) was conducted to understand the challenges and solutions to providing paid peer support to consumers. The group was asked two questions, "What challenges have you encountered in the course of your work as a peer support worker?" and "How did you deal with the challenges you faced?" Five challenges were then prioritized.

The biggest concern for peer support workers was the lack of clarity around their role which resulted in problems with setting boundaries – both with fellow staffers and consumers, and what to expect from others when returning to work after a mental health leave. The solution for many of the challenges was to educate staff, particularly management, on the value of peer support. A suggestion was to accredit peer support and to provide a manual or handbook to educate staff.

Other challenges included:

- Managers' conflicting expectations of work demand and time allocation (especially given the fact that peer support workers only worked part-time),
- When and how peer workers should disclose their own mental illness to consumers (so as not to blur the line between supporter and friend)
- Managing supervisory relationships
- Peer Support Workers felt they were inadequately supported to do their job

In order for peer workers to feel included and treated like equals, the authors felt that cultural change is required to develop recovery-oriented work environments. A description of all worker roles, including those for peer support, was also identified as a mechanism for helping peer support workers feel less excluded and more accepted as equals by their co-workers.

http://www.ontario.cmha.ca/mental_health_notes_story.asp?CID=1405165



7. New mental health workers rolled out

Media Release

Jenny Macklin MP, Minister for Families, Community Services and Indigenous Affairs
Minister for Disability Reform

Mark Butler MP, Minister for Mental Health and Ageing

Sixty-six new mental health workers will be employed in community support services across Australia thanks to a \$13.4 million boost to the popular *Personal Helpers and Mentors* initiative.

The new workers will be employed by 31 organisations in almost 50 communities across the country to provide one-on-one support to local people with mental illness.

They will work in communities with high levels of mental illness and need for extra support services, including Bourke and Wyong in New South Wales and Ipswich and Logan in Queensland.

The new mental health workers will also provide targeted support to groups including young people leaving out-of-home care, recent migrants and refugees, homeless people and Indigenous Australians.

Personal helpers and mentors assist people with severe and debilitating mental illness, such as schizophrenia and bipolar disorders, to set and achieve personal goals, such as finding employment, and improving relationships with family and friends.

By building their confidence and increasing their connections within the community, personal helpers and mentors help participants overcome the social isolation that can be so crippling for someone with a mental illness.

This latest investment is part of the Gillard Government's unprecedented \$2.2 billion investment in mental health services, announced in May 2011.

These 66 new workers are in addition to the 36 new personal helpers and mentors announced earlier this year.



By 2014 more than 425 extra personal helpers and mentors will be supporting people with mental illness as part of this Government's national mental health reforms.

The Government is continuing to deliver on its promise to make mental health a priority so that more Australians with mental illness are getting the care and support they need, when they need it.

Location of new personal helpers and mentors

State	Regions and suburbs getting new workers	Number of Workers	Local Organisation
NSW	Bankstown and Ashfield	1	Aftercare
NSW	Brewarrina, Bourke and Mitchell	2	Richmond Fellowship NSW
NSW	Coffs Harbour and Clarence Valley	2	Coffs Harbour Employment Support Service (CHESS)
NSW	Croydon and Bankstown	1	New Horizons Enterprises
NSW	Inner City Sydney	1	CatholicCare
NSW	Parramatta	2	Uniting Church in Australia, Parramatta Mission
NSW	Redfern and Waterloo	1	New Horizons Enterprises
NSW	Ryde	2	New Horizons Enterprises
NSW	Ulladulla and the Shoalhaven	2	Schizophrenia Fellowship NSW
NSW	Woy Woy	1	Aftercare
QLD	Bundaberg	1	Bundaberg Skills Centre
QLD	Caboolture	2	Open Minds
QLD	Charters Towers	1	SOLAS - Supported Options in Lifestyle and Access Services
QLD	Coolangatta and Burleigh	2	Aftercare
QLD	Gold Coast	2	Schizophrenia Fellowship of QLD
QLD	Inner Brisbane North	1	Communitify Queensland
QLD	Inner Brisbane South	1	Aftercare
QLD	Ipswich	1	Open Minds
QLD	Logan	1	The Benevolent Society
QLD	Logan	1	Youth and Family Services
QLD	Northern Brisbane	2	NEAMI
QLD	Northern Sunshine Coast	1	Schizophrenia Fellowship of QLD
QLD	Redcliffe and Deception Bay	1	Aftercare
QLD	Rockhampton	2	Australian Red Cross



QLD	South Brisbane	1	Open Minds
QLD	Southern Brisbane	1	NEAMI
QLD	Sunshine Coast	1	Ozcare
QLD	Toowoomba	2	Schizophrenia Fellowship of QLD
QLD	Townsville	1	Ozcare
QLD	West Moreton	1	Aftercare
SA	Adelaide/Enfield, Blair Athol (Inner North Metro)	2	Mental Illness Fellowship South Australia (MIFSA)
SA	Northern Adelaide and Adelaide Hills	1	Mind Australia0
SA	Whyalla, Port Augusta and surrounds	1	Mission Australia
SA	Salisbury and Tea Tree Gully	2	Catholic Church Endowment Society
SA	Port Pirie and Yorke Peninsula	1	Uniting Care Wesley
SA	Unley and Mitcham	1	Mental Illness Fellowship South Australia (MIFSA)
TAS	Greater Hobart	2	Anglicare Tasmania
VIC	Nunawading, Box Hill, Blackburn and Burwood	1	Mind Australia
VIC	Hume and Goulburn Valley	2	Mitchell Community Health Services
VIC	South Yarra, St Kilda and Prahran	1	Inner South Community Health Service
VIC	Loddon Mallee	2	St Lukes Anglicare
VIC	Malvern, Albert Park and Toorak	1	Mind Australia
VIC	City of Darebin	1	NEAMI
VIC	Brunswick, Coburg and Glenroy	2	Merri Community Health Services
VIC	Seaford, Frankston and Carrum	1	Mental Illness Fellowship of Victoria
VIC	Cranbourne	1	WISE Employment
VIC	City of Whitehorse	1	EACH
WA	Fremantle	2	RUAH Community Services

8. WHO launches guideline to protect mental health patients

Daily Times, Nigeria

16 June 2012

The World Health Organisation (WHO) has launched a new framework to help countries protect the rights and dignity of people with mental health conditions, a statement issued at the UN Headquarters in New York said on Friday.

According to WHO, the framework dubbed Quality Rights Tool Kit was designed to ensure that quality of care and human rights standards are put in place in mental health and social care facilities around the world.



It establishes key standards that need to be met in all facilities, including the need for living conditions to be safe and hygienic and the social environment to be conducive.

It also explained that the Tool Kit was based on the International Convention on the Rights of Persons with Disabilities.

The 2006 treaty seeks to ensure that persons with disabilities enjoy the same human rights as everyone else.

"The Tool Kit has been developed with major inputs from people; from civil society organisations which specialise in mental and psychosocial disabilities, as well as other mental health and human rights experts," the statement quoted the Director of WHO's Department of Mental Health and Substance Abuse, Shekar Saxena, as saying.

"Poor quality services and human rights violations in mental health and social care facilities are still an everyday occurrence in many places, especially in low and middle income countries.

"Decrepit buildings, overcrowding and unhygienic living conditions are a reality for many people living in psychiatric institutions. In many facilities, people are exposed to violence, abuse, harmful treatment and neglect. Many are locked up against their will, overmedicated, put in seclusion cells or restrained, sometimes for years."

<http://dailytimes.com.ng/article/who-launches-guideline-protect-mental-health-patients>

Toolkit available at:

http://www.who.int/mental_health/policy/quality_rights/en/index.html

9. Specialist life and travel cover for those with mental health issues

The Independent, UK

17 June 2012

Mental illness affects up to one in four of us at some point, but one little-considered area where such conditions – however mild and transitory – can have a significant impact is in insuring your life, employment status and even your holiday.



Some within the industry accuse providers of shunning the mentally ill, denying them cover or making it so expensive as to be prohibitive. "With comparison sites forcing the price of cover down, few insurers will take on the expense of underwriting non-standard risks and this includes mental illness," says Chris Jordan, the managing director of Orbis Insurance. "Phone a call centre and they have a script – fall outside of that and they don't want to know."

As a result, Orbis has launched Active Minds, specifically for people with mental illness to help them find life and travel cover. "With life cover, insurers would exclude suicide from payouts but it is not always clear if someone has taken their life or had an accident, this degree of risk makes them reluctant.

"With travel cover, the insurer may be worried the individual will have a mental health episode and look to cut short their trip and put in a claim. But we need to understand that, with correct medical supervision, people with mental health issues are likely to be stable," Mr Jordan adds.

Orbis's cover is quoted on a case-by-case basis with precise medical circumstances taken into account. For example, a 42-year-old man with schizophrenia having six-monthly appointments with a counsellor would have to pay £121 for travel cover on a three-week trip to the US. A 35-year-old woman with bi-polar disorder would be quoted £26.27 for a week in Spain. For people with no history of mental illness, a week in Spain can be had for just £5.57 from OUL direct, while three weeks in the US comes in at £18.20 from Top Dog insurance.

Life insurance is even pricier. Orbis quotes £90 a month for a 37-year-old man who has made three suicide attempts whereas, a 35-year-old woman on medication for depression would have to pay around £45 — both for £200,000 of life cover. For someone with no psychological condition, premiums from Aviva for 35-year-olds start at £13.58 for a man and £11.33 for a woman.

"People should not be pushed into taking specialist insurance when they don't need it," Bob Atkinson, a travel expert at Moneysupermarket.com, says. "With travel cover, the policyholder should be told about mental illness under the pre-existing condition



requirement ... it is true such conditions are excluded from the automated underwriting systems used by many providers, making it hard to get a quote," Mr Atkinson adds.

As for life cover, Matt Morris from broker Lifesearch says he doesn't see problems getting quotes for those with a mental illness: "You can get quotes at relatively normal premiums. It's more difficult to get quotes for income protection – where policyholders are paid if they can't work – as mental health problems are, behind spinal injury, the second most likely reason for absence from work."

<http://www.independent.co.uk/money/insurance/specialist-life-and-travel-cover-for-those-with-mental-health-issues-7856435.html>

10. If MPs can reveal their mental health problems, others should follow

The Guardian, UK

15 June 2012

Yesterday's Commons debate was a major milestone along the road to banishing mental health stigma and discrimination.

We've seen it many times, when one person stands up to speak about their mental health problems, in order to do their bit to challenge the stigma and discrimination that still plagues us, then others will follow.

Yesterday we witnessed this in a new arena; in the House of Commons during the mental health debate. This debate, in one of our most ancient forums, then sparked a wider discussion in one of the more modern forums, with #mentalhealthdebate trending on Twitter.

MPs Charles Walker (describing himself as a "practising fruitcake"), ex-defence minister Kevan Jones, Sarah Wollaston (a former GP) and Andrea Leadsom all openly disclosed their experiences of mental health problems covering the spectrum of OCD, severe depression, and postnatal depression.



This was one of those rare moments when all political parties come together to address an issue of common concern. An issue that directly affects one in four of their constituents and indirectly affects all of the electorate (as family, friends, neighbours, and colleagues). As Kevan Jones pointed out, it is also an issue for his fellow MPs; one in five of them having experienced mental health problems (as revealed by a confidential survey of MPs in 2008).

There is no doubt that what we were witnessing was a truly historic (if a long, long overdue) milestone. Alastair Campbell has been a huge asset to the work of Time to Change and other projects across England that are working to improve the public attitudes and (more importantly) behaviour. But he stands out as one of the very few people involved in modern politics who has openly disclosed his mental health problems.

Until yesterday we'd seen more disclosure from an unexpected quarter with increasing numbers of sportsmen and women from the worlds of cricket, rugby, snooker, and football talking about their mental health.

But yesterday we turned a corner in the "field" of politics.

Sarah Wollaston also set an example not just for other MPs but also for doctors. She said that she felt that her experience of postnatal depression made her a more empathetic doctor. Surely psychiatrists and GPs who have their own experiences of mental health problems should see this as valuable personal insight that would help their patients coping with, and recovering from, the same health issue, just like they would cancer or heart disease?

I'd argue that they don't disclose their mental health problems for the same reason Kevan Jones gave. That people will automatically question their competence to do the job. And this is not unique to politicians or doctors; how many FTSE 100 CEOs, international footballers or rugby players (still in the national team), police chief constables, or faith leaders have disclosed it?

It is only once every single one of us who has experienced a mental health problem can speak openly in every walk of life and in every community without fear of unfair judgment, that we will have a healthier and more "productive" society where we are able to live our lives to their full potential as active and equal citizens, free from discrimination.



<http://www.guardian.co.uk/commentisfree/2012/jun/15/mps-mental-health-problems-others-follow>

11. Axing mental health care services 'would see suicide increase' If MPs can reveal their mental health problems, others should follow

The Sentinel, UK

16 June 2012

THE closure of dozens of specialist beds will heap 'intolerable pressure' on people who care for mentally ill loved-ones, a health watchdog has claimed.

Newcastle health scrutiny committee member Hilda Johnson raised the concerns after she was told by a carer that the stress of losing the facilities would force him into a suicide pact with his wife.

Mrs Johnson spoke during a public consultation on proposals to shut down all 24 beds at Lyme Brook centre in Bradwell, Ashcombe, in Cheddleton, and Bennett in Shelton.

The beds are among the only ones of their kind in Britain and are used to give people short-term, intensive treatment to allow them to return to their normal lives.

Patients' groups fear if they vanish, more cases would have to be admitted to the Harplands psychiatric hospital in Hartshill to be treated alongside those with severe mental illness.

And according to Mrs Johnson, the beds are the best way of providing North Staffordshire's mental health community service and carers – as well as patients – will face problems if they are closed.

She said: "We will be left with people cared for at home which is not really appropriate as the source of their illness could be related to something at home – or in an acute ward at the Harplands which is not good either."

Addressing fellow committee members, she added: "I am concerned about an increase in suicides if this goes ahead."



"One carer looking after his wife told me if the respite of these beds is taken away, he would kill his wife and himself because he would be unable to cope on his own without a break.

"A lot of other carers will end up mentally ill themselves if there is not this respite facility and I am disappointed carers associations are not getting more involved."

Under the plans, day services would stay at the Bradwell and Cheddleton mental health resource centres but would be axed at the Bennett centre, in Richmond Terrace, which would be sold off. In addition, two day hospitals for the elderly at the Harplands and either Cheadle or Bradwell would go in the move.

Combined Healthcare Trust bosses say it will modernise care by placing it into people's homes and save £2.5 million a year, with £800,000 being ploughed back into services.

But Mrs Johnson said: "I have some sympathy for them because this is being pushed by commissioners to make savings.

"But the beds are very cost effective as at nights only two staff are on duty to care for the eight patients at each centre."

She added that the centres also allowed patients living at home to telephone their nurses at night for help and advice which would be enough to avoid them having to go to hospital.

Consultation continues until August 1 with three more public meetings scheduled.

A Combined spokesman said: "This provides an opportunity for open and honest debate and we welcome feedback from local councillors on their constituents views on the proposed changes."

Combined senior staff are to meet representatives from councils across the region next month to discuss the plans.

<http://www.thisisstaffordshire.co.uk/Axing-mental-health-care-services-suicide/story-16386677-detail/story.html>



12. Almost half of unpaid carers risking their health, survey

The Guardian, UK

18 June 2012

Carers Week study found 40% of carers had put off receiving medical treatment because of the pressure of role

Nearly half of unpaid carers in the UK are jeopardising their health due to a lack of support, according to a survey.

Carried out by Carers Week, a group of eight charities including Age UK, Carers UK and Macmillan Cancer Support, the survey found that 40% of carers had put off receiving medical treatment because of the pressures of their role.

In addition, 87% of the 3,400 carers surveyed said caring had been detrimental to their mental health, while 83% said they had suffered physical health problems. Another 36% said they had sustained injuries such as back pain and insomnia while caring for sick or disabled friends or family.

Helen Clarke, Carers Week manager, said the government had to do more to support Britain's 6.4 million carers – both practically and financially. She called for more sustainable social care funding, better signposting for support services and regular health checks for carers.

"It's a scandal that carers can't get the time or support they need to look after themselves, which could be jeopardising their health as a result. Carers are feeling the strain of a woefully underfunded system and still we're seeing more cuts. Unpaid carers save the government a fortune – £119bn a year – yet they're let down in return. It is time for urgent action to tackle the crisis in social care."

Another survey conducted by the Association of Directors of Adult Social Services last week revealed that social care budgets had been cut by £1.89bn in the last two years, and suffered a drop of 6% last year at a time when pressure from rising numbers of older and disabled adults continues to grow, at around 3% each year.



The Department of Health said it was responding to the carers issue via £400m in extra funding to the NHS for carers' breaks until 2015.

Tracy Sloan, a carer for 20 years to her son Phillip, who has severe cerebral palsy, said she was diagnosed with cancer after missing a regular screening appointment. But once she had begun receiving treatment, there was still little time for recovery.

"Looking after Phillip is so full on, that it just didn't occur to me to keep an eye on my own health," she said. "I was really shocked when I discovered I had cancer and needed an operation. I came home from hospital exhausted, emotional and fragile. I really needed the chance to rest but instead I had to deal with Phillip's demands too, and that took its toll on my recovery."

Carers Week, which also includes the Carers Trust, Independent Age, Marie Curie Cancer Care, the MS Society and Parkinson's UK, said that Tracy's experience is not an isolated one.

A spokeswoman for the DH said: "Carers make an invaluable contribution to society and it's vital that we support them to look after their health and wellbeing. We know how important it is for carers to be able to take a break from their caring responsibilities, to protect their own physical and mental health. That is why we have provided £400m additional funding to the NHS until 2015 for carers' breaks, and why we've given the NHS the clearest ever direction to make carers a priority.

"We also want to place the rights of carers on a much firmer footing, so that the law recognises carers' rights and their role in caring for others."

<http://www.guardian.co.uk/society/2012/jun/18/half-unpaid-carers-risking-health>



Ongoing - Mental Health Carers Forum

If you are a carer and would like to talk with other mental health carers about issues of concern to you please complete the form at:

<http://www.mhca.org.au/carerform/index.php>

The email is sent every week and contains items which may interest mental health consumers, carers and service providers and which otherwise they may not be able to access. Thank you for subscribing to this MH email if you wish to unsubscribe please contact kim.harris@mhca.org.au Kim Harris, Carer and Consumer Project Officer, Mental Health Council of Australia. Tel (02) 6285 3100

www.mhca.org.au

