Mental Health Council of Australia

WEEKLY BULLETIN

No. 23 2012

Phone: (02) 6285 3100 | Fax: (02) 6285 2166 | Email: admin@mhca.org.au | www.mhca.org.au

BULLETIN NO. 23, 2012

Hi all,

A friendly reminder about upcoming events:

Lifeline: Stress Down Day

Now in its 5th year, Lifeline's annual Stress Down Day is happening on Friday 27 July. Get together with colleagues, friends and family to have a stress-free day and raise funds for Lifeline. Whether you choose to wear your Stress Down slippers all day, go to go to work in your pyjamas, or have a stress free morning tea – the choices are endless!

Stress Down website http://www.stressdown.org.au/

TheMHS Conference

The 22nd Annual TheMHS Conference is Recovering Citizenship and an exciting program has been developed including Keynote Speakers

- **Mick Gooda,** Aboriginal and Torres Strait Islander Social Justice Commissioner. He is a descendent of the Gangulu people of central Queensland.
- **Roberto Mezzina,** Consultant Psychiatrist, Trieste Mental Health Dept, Italy; WHO Collaborating Centre on Training and Research
- **Rufus May**, Clinical Psychologist, Bradford District Care Trust's assertive outreach team and Honorary Research Fellow, University of Bradford, UK

Registrations are still open and opportunities also exist for organisations to exhibit and distribute information to delegates.

Please provide any feedback/comments on the Bulletin to me at kim.harris@mhca.org.au

Kind regards
Kim

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1. You are not alone

Publication: The Sydney Morning Herald
Author: Michael Short
23 July 2012

Many Australians are profoundly lonely and continue to be so for long periods of time. David Baker says help may be just around the corner.

[WHO] David Baker, research director at the Australia Institute
[WHAT] Loneliness is widespread and persistent in Australia
[HOW] Engaging directly with the community, not through social media, is the answer.

At that hour when all things have repose,
O lonely watcher of the skies,
Do you hear the night wind and the sighs
Of harps playing unto Love to unclose
The pale gates of sunrise?

(From *At That Hour* by James Joyce)

JAMES Joyce's poignant, resonant verse captures loneliness, a feeling that can be crushing and afflicts many. Should you be suffering loneliness, perhaps there might be some comfort and hope in knowing that you are not alone. Indeed, it is normal to experience periods of loneliness; but beware, research shows the longer it lasts the less likely you are to escape it.

And, while it is normal, it is not something anyone desires and is sometimes linked to depression. There is a profound difference between solitude, those quiet, reflective times many of us crave, and loneliness, which is never sought. Loneliness creeps in for lots of reasons, and is associated with a lack of friendships and other meaningful relationships without which life can be bleak and black.

A recent report by the Canberra-based research centre, the Australia Institute, gives us a rare insight into loneliness, and suggests it is increasing despite the burgeoning use of social media, which, although it facilitates much communication, might not be creating as much human connection as one might have thought.

The report, *All the lonely people*, was written by the institute's research director, David Baker, today's guest in The Zone. The full transcript of our interview and a short video are at theage.com.au/opinion/the-zone.

''The incidence of loneliness is growing because people come in and out of it. In any given year, one in 10 of us is experiencing loneliness. But because we move out of it and other people come in, over the last 10 years three out of 10 of us have experienced loneliness. That transition rate is increasing, so more people are moving into loneliness.''

Baker drew heavily on data collected over 10 years by a government-funded study called Household, Income and Labour Dynamics in Australia (HILDA), which is managed by the Melbourne Institute of Applied Economic and Social Research.

The HILDA survey covered 20,000 people in almost 7,700 households. They were asked to respond to 10 statements:

1) People don't come to visit me as often as I'd like.

2) I often need help from other people but can't get it.

3) I seem to have a lot of friends.

4) I don't have anyone I can confide in.

5) I have no one to lean on in times of trouble.

6) There is someone who can always cheer me up when I'm down.

7) I often feel very lonely.

8) I enjoy the time I spend with the people who are important to me.

9) When something's on my mind, just talking with the people I know can make me feel better.

10) When I need someone to help me out, I can usually find someone.

The information gained from the survey was buttressed by an online study by the Australia Institute of 1,400 people in June. Respondents in both surveys had to score a negative result on all 10 in order to be classified as lonely.

Because of this requirement, Baker reckons the results might well understate the incidence of loneliness, and cites previous studies that have found as many as three in 10 people are lonely at any given time. ''It might be that if you only used one question, the rate of loneliness would be very much higher.''

Although the results of the HILDA and Australia Institute surveys might understate the issue, what is beyond doubt is that loneliness undermines people's wellbeing and can be debilitating, particularly if it continues.

''If you have been lonely for three years, it is likely to extend for a long period of time. So yes, transitioning in and out is something that appears to be part of the experience of life and is certainly going to be informed by events in your life that you're not always going to have control of. But once you find that you are entrenched or stuck in that experience, then that's where it is going to become a really important social issue.

''In the report we cite a definition of loneliness that it is the mismatch between the relationships that we desire or wish we had and the reality we are currently living. So for all people the experience or threshold for loneliness is going to be different, but for everyone it is a matter of relational voids in our lives.''

Some of the key findings of *All the lonely people* are:

■This risk of loneliness is greater for couples living with children than for childless couples. Baker speculates this reflects the amount of time, energy and money it takes to raise a family.

■People living alone or in single-parent households are twice as likely to be lonely as people living in couples.

■There is no difference in loneliness levels in cities and rural areas.

■Young women who are on low incomes are the most likely group to be lonely.

■Once people reach a minimal level of financial security, rates of loneliness are not affected by wealth.

■For both men and women, increased financial difficulties are related to becoming lonely.

■During the 10 years to 2010, more men (36 per cent) were lonely than women (29 per cent). Baker believes this is because women tend to nurture stronger social networks. ''It is cliched, but men do not reach out to other men.''

■The prevalence of loneliness increases for men until the age of 60, but then declines.

■For people aged 25 to 44, men are four times as likely as women to live alone, and are twice as likely to be lonely.

■The role of social media is not straightforward. Some lonely people seem to be seeking social support through networking sites, but do not consider such contacts real friends, while those who are not lonely are using the sites to expand already robust social circles.

Baker argues there are some policy implications for governments, particularly the need to provide support for people who leave hospital and have no family or friends to help with the transition back to their normal life.

''If you don't have that social structure, and the state is no longer providing sufficient resources, then there is a big issue there.'' Policies that promote employment are also crucial, he says.

But connecting to the community is the most accessible way to combat loneliness. There are so many opportunities to engage with people, places, issues and ideas; Australia has more than 600,000 not-for-profit organisations, employing one in 12 of the workforce and welcoming as many as 6.4 million volunteers.

There is, however, a paradox.

''Our research found though that people who are experiencing loneliness are less likely to volunteer, so that the option of using volunteering to help people who are lonely becomes more difficult because they are already more hesitant to participate in volunteering.''

Baker suggests the government might have a role here, too; a national campaign to encourage volunteering.

Perhaps another ready solution lies right next door; connecting with your neighbourhood might be a better idea than ever. These days, dropping in unexpectedly on family and friends has become almost a faux pas, which probably reflects the demands of juggling work and the aforementioned realities of raising a family.

But, given the persistence and prevalence of loneliness, surely it's time to question the wisdom of such hesitancy. Turning up unannounced might provoke offence or discomfort, so maybe it's not smart to just start barging in on people, but it would seem a decent idea to arrange, even at short notice, a bigger number of informal visits to friends and family and neighbours.

And, of course, we can circumvent the dropping-in issue by inviting people to our homes or some other venue. This might all sound rather evident, but it does not seem to be happening as much as it might.

Almost all of us have been, or are, lonely or know someone who is in need of, or even desperate for, company. How common, indeed, is the lament: ''I really must get around to catching up with X.'' Sometimes the most ingrained problems have simple solutions.

Let's just make the effort and share the rewards. It is better than hearing the sad sighs of James Joyce's harps.

http://www.smh.com.au/national/you-are-not--alone-20120722-22i3d.html

2. Carer Appraisal Scale – A Carer-Based Assessment of Patient Functioning

Source: Mental Health Association Australian and New Zealand Blog
18 July 2012

Measurement of patient outcomes is an integral part of mental health service evaluation, as well as guiding clinical practice to ensure best outcomes for patients. Despite there existing numerous tools for quantifying patient functioning based on clinician assessments or self-reports, there is a serious paucity of tools available for the carers of patients to appraise their functioning.

Collateral information is well recognised as being integral for assessments of patients, but there are very few structured systems for assessing patients based on the perceptions of carers. This is despite the usually greater lengths of time carers spend with patients than clinicians.

Dr Neil Jeyasingam describes a tool developed for use in a community aged care psychiatric service, which involves four sections:

- a global impression of patient progress,
- a scorable checklist of patient functioning in multiple domains,
- a qualitative section for identifying the most pressing concerns from the carer's perspective, and
- an open-ended feedback on treatment to date.

In this pilot study, Dr Jeyasingam validated the tool against multiple well-recognised clinician assessment tools, and found good correlation in most domains. In addition, there was extensive positive feedback from carers themselves regarding our use of this tool in regular clinical practice.

Dr Jeyasingam feels this tool has the potential for use in other community aged care psychiatric services, as it provides a framework for communication of concerns, assists in prioritising care and adds value to clinician treatment plans, as well as providing another dimension to assessment of the patient.

Practical implications of its use, limitations and potential for modifications to suit other settings will be also discussed.

Dr Neil Jeyasingam, Old Age Psychiatrist, Northern Sydney / Central Coast Area Health Service will present at the 13th International Mental Health Conference, "Positive Change -- Investing in Mental Health" 6th to the 8th of August 2012, on the Gold Coast.

http://anzmh.blogspot.com.au/2012/07/carer-appraisal-scale-carer-based.html

3. Critics label ABS suicide stats 'spin'

Publication: The Canberra Times
Author: Amy Corderoy
25 July 2012

The Australian Bureau of Statistics has been accused of dishonesty and spin in its reporting of national suicide rates, with leading mental health experts saying it has obscured a rise in deaths.

The ABS yesterday hailed a 17 per cent fall in suicides over the past decade, from 12.7 deaths per 100,000 people in 2001 to 10.5 in 2010.

The bureau said 42 people took their own lives in the ACT in 2010: 35 men and boys, and seven women and girls. The territory's standardised death rate dropped from 10.1 for 2001-05 to 9.9 for 2006-10, both below the national averages.

But the executive director of the Brain and Mind Research Institute at the University of Sydney, Ian Hickie, said the national data was being misrepresented, because 2001 had a high number of suicides, creating the appearance of a fall.

He said the data showed the suicide rate in the latter part of the decade had been steady, or even increased.

''The analysis is entirely unhelpful,'' he said.

Professor Hickie said a proper registry with real-time information on suicide was needed. ''The government response needs to be co-ordinated in response to it just in the same way it would to a public health issue like [flu] infection rates … rather than this Pollyanna notion that rates have fallen,'' he said.

Suicide remains the leading cause of death among people aged between 15 and 34, the ABS figures showed.

It has defended the time period in its release, pointing to a long-term fall in suicide rates, particularly among men.

John Mendoza, a former chair of the National Advisory Council on Mental Health and the director of ConNetica Consulting, said the ABS release was ''spin''.

The release highlighted NSW as the state with the lowest suicide rate, 8.6 deaths per 100,000 people between 2006 and 2010.

Professor Mendoza said it was ''a dishonest representation, otherwise known as spin'' for the ABS to not mention ''well-documented evidence'' that NSW was less reliable at reporting suicides.

''The media release also ignores the fact that NSW has the worst record for reporting suicide deaths in a timely way and that [in] the reporting of open case findings in the period from 2002 to at least 2007, NSW increasingly left 'open' findings,'' he said.

An open finding can be made by a coroner despite evidence such as suicide notes or witness statements.

The director of social and demographic statistics at the ABS, James Hinkins, said changes to guidelines had enabled staff to include suicide deaths that had been left open.

Cases were also examined initially, then at 12 and 24 months to capture any changes to suicide codes.

''The combination of these two things means the coders can, where there's an open case, look for evidence of a suicide,'' he said.

He said he understood the concern that comparing current suicide statistics with those from 2001 could be confusing, but that there had been a real drop in suicide rates since the late 1990s.

Lifeline 13 11 14, Suicide Call Back Service 1300 659 467

http://www.canberratimes.com.au/act-news/critics-label-abs-suicide-stats-spin-20120724-22nst.html#ixzz21aMtCnEf

4. Mental health help goes online

Publication: The Sydney Morning Herald
Author: Rachel Browne
22 July 2012

For years the advice has been to avoid consulting Dr Google for any medical concerns but new Australian research is showing online programs have marked benefits for people experiencing mild to moderate mental health problems.

The leading mental health group the Black Dog Institute and the federal government will launch a new online self-help service called myCompass tomorrow, offering help for people with mild depression, stress or anxiety.

Part of the federal government's e-mental health strategy, the program is supported by research showing the effectiveness of online help for mild mental health disorders.

But a leading mental health specialist has warned that online counselling risks allowing people with more severe problems to slip through the cracks of the health system.

About 500 people took part in the unpublished Black Dog Institute study, with one group given the myCompass program, another group given a placebo program and a control group. Their levels of anxiety, depression and stress were monitored over three months.

''For the ones who have completed the program the effects are strong,'' said Helen Christensen, the executive director of the Black Dog Institute.

''We found that myCompass was better than the sham program. The evidence is quite strong that this program will really help people.''

Professor Christensen said the program, which can be used on a computer, tablet or smartphone and does not require a doctor's referral, would benefit people who are unable to have face to face consultations due to lack of access to services or perceived stigma about mental health problems.

A separate study published in the *Journal of Medical Internet Research* in 2010, showed many people preferred online services to personal consultations regarding mental health.

''There is still a perception that mental health symptoms are indicative of weakness rather than lacking wellbeing,'' Professor Christensen said.

''If people are anxious or depressed, especially at work, they don't really want other people to know.''

However, the anonymity of online therapy poses a risk that people may not receive appropriate help, according to the Australian Medical Association's Dr Choong-Siew Yong.

''The danger is that it's not easy for people to move from one of these online programs - if they actually need more help or if their condition becomes more serious - to the next stage of seeing someone face to face,'' said Dr Yong, the clinical director of child and adolescent mental health at the Hunter New England Local Health District.

http://www.smh.com.au/technology/technology-news/mental-health-help-goes-online-20120721-22gsr.html#ixzz21UQYFhzu

5. Heavy drinking a way of bush life

Publication: The Australian
Author: Sue Neales
23 July 2012

More than four of 10 rural workers drink heavily every day, in an outmoded male culture that academics and doctors warn is seriously jeopardising their health.

A study conducted by the National Drug and Alcohol Research Centre, and Monash and Charles Sturt universities, of farm and fishery workers living in seven regional centres in Victoria, NSW and Western Australia, has found 43 per cent are drinking five to eight drinks of alcohol daily, triple the amount considered safe.

More than a third, 36 per cent, were also heavy smokers, compared with a national average of 10 per cent.

Study participants, in casual, seasonal and itinerant jobs such as fruit picking, shearing, contract harvesting, fencing or who worked in sugarcane mills or on fishing boats, were largely unaware of the health risks linked to heavy alcohol use.

Most cited the cost of drinking or the risk of losing their driver's licence as their main concerns about their high alcohol consumption.

The study was the first of its kind targeting the drinking habits of rural and bush workers.

A 2010 survey by the Victorian-based National Centre for Farmer Health of farmers and farm families found 19 per cent of adults drank at similar risky levels every week.

Farmers, rural contractors, farm workers and fishermen have one of the highest rates of workplace deaths and accidents in Australia, in the past attributed to the presence of farm machinery, large animals and dangerous tools, but it remains much higher than at mining sites, where heavy machinery is also used.

Lead researcher Julaine Allan from Charles Sturt University's Centre for Inland Health admitted to being surprised that the anecdotes about hard drinking in the bush among shearers and fruit pickers had proved not to be a myth.

``Almost half of those in the study drinking at risky levels had five or six drinks every day, putting them at risk of long-term harm,'' Dr Allan said.

After her study, funded by the Rural Industries Research and Development Corporation, she believes alcohol is not just the root cause of many bush accidents and deaths, but is also linked to low farm productivity.

Unlike in similar city studies, the rural survey found no link between heavy drinking and stress, anxiety, depression or suicide risk; instead the regular drinking was because it was seen as enjoyable, social and almost compulsory in small country communities.

Nor did there appear a high incidence of domestic violence, or any ``Kings Cross-like'' king-hit attacks or fights linked to rural drinking, said Dr Allan, after interviewing police, publicans and civic leaders in the seven rural centres involved.

``What we much more found is that almost everything in rural areas revolves around drinking; you can't have a social function or go fishing or go to the footy without taking an esky and a beer with you,'' she said yesterday.

``So this is not binge drinking or drinking to get drunk; this is an ingrained culture which says if you are man in the bush, it's part of your life to have a couple of drinks after work with your mates and a couple of quiet ones when you get home.''

http://www.theaustralian.com.au/news/health-science/heavy-drinking-a-way-of-bush-life/story-e6frg8y6-1226432247366

6. Healthy Aging: Exercising the Body Benefits the Mind, Too

Author: Timi Gustafson
19 July 2012

While regular physical activity has long been regarded as an important component of healthy aging, its impact on mental health has remained less explored – until now. Several new studies on the role of exercise for the prevention of mental decline in older adults have been presented at this year's *Alzheimer's Association International Conference* (AAIC) in Vancouver, Canada.

For these studies, researchers from the United States, Canada and Japan conducted 6 to 12 month clinical trials with focus on potential benefits of different types of exercising, including weight lifting, aerobics and balance-stretching training, for maintaining cognitive abilities at old age.

The results showed that even low-impact activities such as walking can help improve memory and other mental functions. What's most striking is that the human brain seems to be able to grow and develop even late in life if sufficiently stimulated, not only by staying mentally active but physically as well.

Strength training, in particular, had positive effects on attention and memory and other higher brain functions. One study from the *University of British Columbia*, Canada, found that participants with higher levels of intellect, and perhaps education, reaped the most benefits.

The scientists involved in the respective studies agreed that their findings are preliminary at best at this point in time. "Very little is understood regarding the molecular processes that contribute to enhanced brain health with exercise, or the impact that greater brain volume has on cognitive function," said Dr. Kirk Erickson of the *University of Pittsburgh*, who worked on one of the studies. But he also pointed to some immediate implications. "Our findings suggest that the aging brain remains modifiable, and that sedentary older adults can benefit from starting a moderate walking regimen," he said.

Walking, not for the purpose of exercising but as a normal daily function, was the subject of another study presented at the conference. It found that older people's slower gait could also be a symptom for mental decline. A reduced pace has always been considered as a natural part of aging. But the results of this study seem to indicate that being less swift and steady on one's feet may be a sign that cognitive functions are suffering as well.

This is potentially a new perspective for health care professionals who treat older patients with mental health issues. "People who are focused on cognition largely never watch people move," said Dr. Stephanie Studenski, a geriatrician at the *University of Pittsburgh* who did not take part in the study, in an interview with the *New York Times* (7/17/2012). "The tests are all done sitting down."

Simply by observing how older people walk could provide doctors with an additional tool for diagnosing impairments such as Alzheimer's disease.

Although the studies reported at the conference have yet to undergo peer reviews before being released for publication, they have already generated a considerable buzz in the medical community and beyond. The AAIC is the world's largest of its kind and is sponsored by the *Alzheimer's Association*, the world's leading health organization in Alzheimer care, support and research.

http://blog.seattlepi.com/timigustafsonrd/2012/07/18/healthy-aging-exercising-the-body-benefits-the-mind-too/

7. Medical Problems Lead People to Seek Mental Health Care

Author: Rick Nauert
18 July 2012

Until recently, the biomedical model has downplayed the association between physical and mental health. New research provides concrete evidence of the link between physical health problems and the need for mental health care.

In the new study, researchers found that people who experience a physical health problem are three times more likely to seek mental health care than patients who report having no physical ailment.

A wide range of physical health problems – including back pain, cancer and diabetes — were linked to seeking mental health services, say Oregon State University researchers.

The study, found online in the journal Health Services Research, is the first nationally representative study that statistically shows a major link between physical health and mental health.

In the report, study authors call for better-coordinated care between medical and mental health providers.

“I see this study as a way to set benchmark data so that policy makers can determine how to best transition to a system that hopefully will coordinate physical and mental care,” said lead author Jangho Yoon, Ph.D., a health policy economist with OSU.

“The Affordable Care Act is supposed to have better coordinated care and interplay between physical and mental health providers, so this has really important implications because before our study, baseline data didn’t exist.”

In the study, researchers reviewed data from 6,000 adults who responded to the 2004 and 2005 Medical Expenditure Panel Surveys. Yoon only used people who had not reported a previous physical or mental health condition.

Compared to those who did not have a physical health problem, people who developed a physical health condition had a threefold increase in the likelihood of seeking mental health care.

“The interplay between our physical and mental health has long been suspected,” Yoon said. “When I have back pain, I feel stressed. And if it impacts my ability to work, or to do my usual activities, then I can feel upset or even a bit depressed. But no large scale studies existed that showed the statistical proof of this correlation.”

Researchers say the study included people who sought mental health providers, prescriptions for mental health issues, or both.

The study also found that those patients who said they perceived their health issue as severe were more likely to seek mental health services, reports Yoon.

Investigators say use of a simple screening tool, such as the 16-question Substance Abuse/Mental Illness Screener (SAMISS), could be a component of a tradition visit to a medical provider.

This quick screen can help health providers attain proper mental health treatment for their patients.

“This is a win-win,” Yoon said.

“There is a chance of cost-savings in our medical system if we identify potential mental health problems early, before they become more severe. And more importantly, coordinated care and early intervention leads to better health outcomes, and better care for the patient.”

http://psychcentral.com/news/2012/07/18/medical-problems-lead-people-to-seek-mental-health-care/41828.html

8. Mental illness imposes high costs on the Canadian economy

By Conference Board of Canada
19 July 2012

Mental illnesses are costing Canada about $20.7 billion in 2012 by reducing the number of workers available in the labour force. This cost is growing at a rate of approximately 1.9 per cent every year and is expected to rise to $29.1 billion annually by 2030, according to a Conference Board estimate of the economic impact of mental illness among working-age Canadians.

"When workers have poor mental health, they have a lessened capacity to perform to their utmost. Sometimes workers with mental illnesses drop out of the workforce completely," said Diana MacKay, Director, Education, Health and Immigration. "With this loss to the labour supply now exceeding $20 billion a year, employers and governments clearly need to become more aware of mental health issues among Canadian workers and committed to addressing them."

The labour force participation rate is the percentage of working-age people who are either employed or unemployed, but are actively looking for work. This report, *Mental Health Issues in the Labour Force: Reducing the Economic Impact on Canada*, measures the costs to Canada's economy of lost labour market participation from the six most common conditions afflicting the working-age population - depression, dysthymia, bipolar disorder, social phobia, panic disorder, and agoraphobia. All six conditions range in severity - from mild and sporadic to completely debilitating. Furthermore, each illness has a stigma attached to it.

Based on the Conference Board's analysis, the labour market participation lost to mental illness amounts to a $20.7 billion decrease in Canada's gross domestic product in 2012.

Almost 452,000 more Canadians would be participating in the labour force in 2012 if they were not affected by mental illness.

These estimates of the economic impact do not include the costs of patient care, insurance for employers, services in communities, and the many intangible costs for the individuals affected and their families.

Stakeholders in the Canadian economy—particularly governments and businesses— would benefit substantially by mitigating this cost to our national economic performance.

"Mental illnesses are prevalent in our workplaces and they are taking a significant toll. In a world where shortages of critical skills are top of mind for many organizations, employers cannot afford to allow this to continue," said Karla Thorpe, Director, Leadership and Human Resources. "If employers can be active in helping people remain functional at work, then everyone stands to gain - the individuals who are affected, firms, and the Canadian economy as a whole."

http://www.sacbee.com/2012/07/19/4641713/mental-illness-imposes-high-costs.html#storylink=cpy

9. National strategy for carers sets out goals for support

Publication: The Irish Times
Author: Mary Minihan
20 July 2012

Minister of State for Health Kathleen Lynch has said she hopes carers will be “recognised, supported and empowered” as a result of the newly published National Carers Strategy.

The strategy sets out a series of goals, including the need to recognise the needs of carers through the provision of income supports.

Ms Lynch said the presence of Taoiseach Enda Kenny and Tánaiste Eamon Gilmore at the launch yesterday was evidence of the importance of the strategy to the Government.

“The publication of this strategy sends a strong message to carers that Government recognises and values their selfless hard work and compassion which enhances the health and quality of life of thousands on a daily basis,” she said.

The strategy says the value and contribution of carers should be recognised and their inclusion in decisions relating to the person they are caring for should be promoted.

Carers should be supported in managing their physical, mental and emotional health and wellbeing, the strategy adds. Carers should be supported to "care with confidence" through the provision of adequate information, training and services and should be empowered to participate as fully as possible in economic and social life.

Mr Kenny said it was time for Ireland to acknowledge formally and care for carers, who deserved public protection and recognition.

"It is that inestimable element of, quite simply, love in our carers' extraordinary work that sees them go that extra mile every single time," he said. Men, women and often children who were carers were often "at the very limits of their coping". It was important to recognise the authority of carers, he added.

Home-based care by family members was preferred by the vast majority of people. "That care is not just the exhausting mechanics of washing, cleaning, dressing and exercise. It is also the cups of tea and the news brought home from work and school by children and grandchildren," he said.

The Cabinet sub-committee on social policy, which is chaired by Mr Kenny, will monitor the progress of the strategy.

Mr Gilmore said Government departments and agencies dealing with carers must take their lead from the strategy, which he described as "the first of its kind in Ireland".

"I think it is important to recognise that far and away it is carers who know and understand the condition of the person that they are caring for," he said.

Carers often felt their expertise was not taken into account when decisions were being made by authorities.

The strategy was welcomed by the Carers Association charity. The strategy noted that carers were predominantly the spouse of the person being cared for, and four in 10 were the sole carer for the person they looked after.

Census 2011 found 187,112 people identified themselves as carers. The strategy stated children and young people with caring responsibilities should be protected from "the adverse impacts of caring".

http://www.irishtimes.com/newspaper/ireland/2012/0720/1224320450946.html

10. Transgender advocates push US psychiatric establishment to revise mental illness labels

Publication: The Washington Post
20 July 2012

Does a woman who strongly believes she was meant to be a man have a mental condition or a medical problem? Is a man who cross-dresses in need of psychological help? What about a boy who pretends to be a girl in make-believe games and chooses only female playmates?

The nation's psychiatric establishment is wrestling with these questions, among others, as it works to overhaul its diagnostic manual for the first time in almost two decades. Advocates have spent years lobbying the American Psychiatric Association to rewrite or even remove the categories typically used to diagnose transgender people, arguing that terms like Gender Identity Disorder and Transvestic Fetishism promote discrimination by broad-brushing a diverse population with the stigma of mental illness.

"The label of mental defectiveness really places a burden on trans people to continually prove our competence in our affirmed roles," Kelley Winters, a Colorado scholar who has helped lead the push for changes, said.

Although the association's new Diagnostic and Statistical Manual of Mental Disorders is not scheduled to be printed until the end of the year, the updates are taking shape after three rounds of proposed changes. Professionals who have been part of or closely observing the amendment process say the latest wording, while not going as far as many advocates wanted, respects the broader shift in society's understanding and acceptance of what it means to be transgender since the last major revision of the manual was published in 1994.

"All psychiatric diagnoses occur within a cultural context," New York psychiatrist Jack Drescher, a member of the APA subcommittee working on the issue, said. "We know there

is a whole community of people out there who are not seeking medical attention and live between the two binary categories (of male and female.) We wanted to send the message that the therapist's job isn't to pathologize."

The most symbolic change under consideration so far for the manual's fifth edition, known as the DSM-V for short, is a new name for Gender Identity Disorder, the diagnosis now given to adults, adolescents and children with "a strong and persistent cross-gender identification." In the manual's next incarnation, individuals displaying "a marked incongruence between one's experienced/expressed gender and assigned gender" would be diagnosed instead with "Gender Dysphoria," a term that comes from the Greek word for emotional distress.

While the shift may seem purely semantic, switching the emphasis from a disorder that by definition all transgender people possess to a temporary mental state that only some might possess marks real progress, according to Dana Beyer, a retired eye surgeon who helped the Washington Psychiatric Society make recommendations for the chapter on "Sexual and Gender Identity Disorders."

"A right-winger can't go out and say all trans people are mentally ill because if you are not dysphoric, that can't be diagnosed from afar," Beyer said. "It no longer matters what your body looks like, what you want to do to it, all of that is irrelevant as far as the APA goes."

Persuading the psychiatric profession to redefine who and who does not qualify for its care has historical precedent as a civil rights issue. In 1973, the APA, responding to pressure from the gay and lesbian community, concluded that same-sex attraction alone was a normal part of human experience, not an illness.

Although it took another 14 years for all conditions related to homosexuality to be lifted from the DSM, the earlier shift is regarded as a major milestone in the gay rights movement, one that paved the way for gays to adopt children, get married and serve in the military.

Like gay men and lesbians before them, transgender people have seen the APA's language cited to their disadvantage. Dan Karasic, a San Francisco psychiatrist who has offered suggested changes to the DSM-V through his affiliation with the World Professional Association for Transgender Health, cited a Utah case in which he has been asked to prepare

expert witness testimony involving a transgender woman who is at risk of losing the children she fathered before her transition.

“The argument is that one criteria for terminating parental rights is if one parent has a severe, chronic mental illness that might be harmful to the child,” Karasic said. “A lawyer is apparently using that to argue that because the person is trans and has a diagnosis of GID, she should have her parental rights terminated.”

But while there are parallels, achieving what the APA did for gays four decades ago is more complicated for people who identity as transgender, an umbrella term that encompasses transsexuals, cross-dressers and others whose self-concepts otherwise do not align with the male or female label they were given at birth. Unlike sexual orientation, the accepted protocols for treating many patients expressing profound discomfort with their given gender call for medical intervention.

Since at least the 1980s, for example, a diagnosis of Transsexualism or Gender Identity Disorder has been used by doctors, mental health professionals and a growing number of health insurers to justify access to hormones or surgery for patients who decide to physically transition to a new sex. Eliminating it from the DSM-V therefore could make it more difficult for self-identified transsexuals to qualify for treatment unless a sex change is someday recognized as a physiological condition.

“Let’s say someone born a woman walks into my surgical office and says, ‘I would like my breasts removed.’ What’s the diagnosis?” Drescher said. “The procedure is a mastectomy, but if there is no diagnosis, it is cosmetic surgery and your insurance won’t pay for it.”

As work on the DSM-V moves forward, lawyers who specialize in representing transgender clients have found themselves in the uncomfortable position of arguing that Gender Identity Disorder needs to stay in the manual in some form. Shannon Minter, legal director of the National Center for Lesbian Rights, said that while it’s true the diagnosis has been used against some, it also has benefitted others.

“Having a diagnosis is extremely useful in legal advocacy,” Minter said. “We rely on it even in employment discrimination cases to explain to courts that a person is not just making

some superficial choice ... that this is a very deep-seated condition recognized by the medical community."

Along with pushing for a less-loaded name for Gender Identity Disorder, activists and mental health professionals who work with transgender clients also want to see the symptoms of it revised so the diagnosis is not applied to people whose distress stems from external prejudice, adults who have successfully transitioned to a different gender, or children based on sex stereotypes such as aversion to "rough-and-tumble-play" or "typical feminine clothing."

Kenneth Zucker, a Canadian psychiatrist who chairs the APA Sexual and Gender Identity Disorders Work Group, predicted that with more transgender people coming out at younger ages, and little scientific understanding of what causes someone to be transgender, the debate is likely to continue.

"All of us who work in this field are seeing a huge increase in the number of people who come to see us who have Gender Dysphoria," Zucker said. "There is clearly a clinical need for there to be specialists in this area, and apart from the philosophical musings, having a diagnosis facilitates that."

http://www.washingtonpost.com/national/health-science/transgender-advocates-push-us-psychiatric-establishment-to-revise-mental-illness-labels/2012/07/21/gJQAZytP0W_story_1.html