



Mental Health
Council of Australia

WEEKLY BULLETIN

No. 28 2012

BULLETIN NO. 28, 2012

Dear all

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

Kind regards

Kim

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1. Black Dog measure just how content we are

Publication: The Australian

28 August 2012

What is the Black Dog Index?

It is a new measure of the nation's health, not in economic terms but in terms of our overall happiness.

It's an initiative of the depression research clinic the Black Dog Institute, with Newspoll and The Australian on board as partners.

The index aims to put a score -- at present 77 out of 100 -- on how happy Australians feel. And the news is really good.

Most of us are happy and the things that make us happy -- family, friends -- have little to do with money.

The index also seeks to measure how many of us are suffering depression and may in fact feel that life is simply not worth living.

More than 2300 Australians took their own lives last year. Suicide is a bigger killer of young Australians than even motor vehicle accidents.

The Black Dog Index is not a one-off; Newspoll will track the issues over time to see whether the score fluctuates alongside the unemployment rate or changes to interest rates and other major events.

The Australian hopes that others will refer to the Black Dog Index as an important measure of the nation's wellbeing, but also to start a conversation on a subject once considered taboo for media -- suicide, and how to prevent it.

<http://www.theaustralian.com.au/news/health-science/black-dog-measures-just-how-content-we-are/story-e6frg8y6-1226459377265>



2. Family key to youth drug abuse recovery

Publication: Courier Mail

By Michelle Henderson

29 August 2012

Young people are more likely to recover from drug and alcohol problems if they can resolve any conflicts with their families, a snapshot of Victorian youth shows.

The study of 150 adolescents aged between 16 and 21 receiving drug and alcohol treatment revealed cannabis was the most commonly used substance, with 56 per cent using the drug.

This was followed by 19 per cent who consumed alcohol, 13 per cent who used heroin and other opioids, while five per cent used stimulants such as amphetamines.

Associate Professor David Best from Turning Point Drug and Alcohol Centre, which carried out the study, said many of the young people used four or more drugs.

More than half - 55 per cent - had been diagnosed with a serious mental health disorder.

The study found 77 per cent were not employed or undertaking any education or training.

It also showed 37 per cent had lived on the streets and 36 per cent reported conflict with their families.

Assoc Prof Best said the most problematic young people were those with significant family conflict problems.

This group had the least resolved drug and alcohol problems by the end of the study, which ran from 2009 to 2011.

Assoc Prof Best said while researchers could not conclude that family conflict caused those youths' problems, there was no question it was an underlying factor throughout treatment at drug and alcohol services.

"The group of young people who seek treatment in this area have complex problems and it's not entirely clear that alcohol and drug use is their primary problem," Assoc Prof Best told AAP.



Young people who experienced an improvement in their family relationships were more likely to show the greatest improvement in their alcohol and drug use, he said.

<http://www.couriermail.com.au/news/breaking-news/family-key-to-youth-drug-abuse-recovery/story-e6freono-1226460341454>

3. Threat to privacy in e-health records

Publication: The Daily Telegraph

28 August 2012

Patients who want to keep private a visit to a psychiatrist, the use of a mental health medicine or an abortion under the new e-Health online system will have to ensure Medicare and pharmaceutical subsidy data is not linked to the new record.

The only other way to keep the information private would be to pay the full cost of the treatment and refuse Medicare and pharmaceutical subsidies - or use a fake name, a privacy expert said yesterday.

Consumers who set up an e-Health record will be asked if they want to attach their Pharmaceutical Benefits Scheme records and Medicare general patient information such as medication and doctors provider information.

Macquarie University ethics and legal expert Julie Zetler said the "last bastion" of privacy was a health record.

But there were major concerns about how private information would be under the new Personally Controlled e-Health Record (PCEHR) rolled out on July 1.

The information will reveal past or planned abortions, or mental health consultations, and could be viewed by doctors or other health professionals such as nutritionists and complimentary health care providers.

Patients at risk of harm will be able to hide their identity by setting up an e-Health record under a pseudonym.

But if the patient seeks treatment using the pseudonym they would not be able to receive payments from Medicare or the PBS.



"If you get any prescriptions like Ritalin that information is now stored separately but now it will all be linked (under the PCEHR)," she said.

If you visit a psychiatrist but do not wish this to appear on your e-health record the only way to avoid it being noted "is if you don't access Medicare rebates", she said.

The Department of Health and Ageing said Medicare and PBS data was only added to an e-health record where a patient had consented and they could have the information removed from their record.

But Ms Zetler said most patients were unaware of the privacy risks. More than 2.6 million Australians are expected to sign up by July 2016 for an e-Health record that will incorporate their healthcare history, pathology and radiology summaries and prescription information.

<http://www.dailytelegraph.com.au/news/sydney-news/threat-to-privacy-in-e-health-records/story-e6freuzi-1226459382482>

4. Concerns over mental health court

Publication: The West Australian

Author: Cathy O'Leary

24 August 2012

WA Chief Justice Wayne Martin has warned that a planned specialist court to deal with mentally ill offenders could result in more people going through the court system.

Speaking at a carers' conference in Perth yesterday, Justice Martin said though he supported the State Government's concept of a mental health court, which is due to start in November, there were few details of how it would operate.

He had concerns that if it could deal with matters only at magistrate's court level, more serious offences could not be referred to it.

Instead of reducing the number of people processed through the court system, it could lead to more.

"There is the danger of net widening as you make the mental court more humane, so police and prosecutors will be more likely to refer cases to the court instead of diverting them away," he said.

"What we need is more pre-court diversion."

Justice Martin said more needed to be done to stop people entering the justice system.

"There are too many resources being spent on punishment and far too little resources on the causes of offending behaviours," he said.

"We need to get more diagnostic and less punitive."

Justice Martin said he was concerned about the impact in the mental health sector of mandatory sentencing laws for serious assaults on police officers.

"It means carers won't call the police in case the person they're caring for ends up facing a jail sentence," he said.

"This leaves carers vulnerable, without the support of police."

He also said the presence of mental health problems and the effects of foetal alcohol spectrum disorder among prisoners was significantly underestimated.

Carers Australia chief executive Ara Cresswell told the conference that Australia's 2.6 million carers were the backbone of the mental health, aged-care, disability and palliative care sectors.

She said replacing them with professional carers would cost \$40 billion a year and "send the country broke".

Although much-needed reforms were under way, it was important carers had a strong voice, she said.

<http://au.news.yahoo.com/thewest/a/-/breaking/14650853/concerns-over-mental-health-court/>



5. Online chat offers new help for suicide prevention

Publication: The Brisbane Times

Author: Dan Harrison

23 August 2012

A new service which uses online chat to prevent suicides is providing support to people in distress who are unwilling to use telephone counselling services.

Launching Lifeline's Online Crisis Support Chat service yesterday, the Federal Minister for Mental Health, Mark Butler, said the service would be of great benefit to men and younger people, who were less likely to seek help in person or over the phone, and people in areas where conventional services were not available. Four in five Australians were using the internet to seek health information, he said.

Lifeline began trialling the service last year. The federal health department funded an evaluation of the service, which connects people with trained workers via text-based, one-on-one online chat. While only 6 per cent of the users of Lifeline's telephone service were assessed as at high risk of suicide, 57 per cent of users of the online service were assessed as at high risk. More than a third of users of the online service said they would not use a telephone crisis service.

The online service had a much younger age profile, with 58 per cent of its users being younger than 25, compared to only 8 per cent of callers to the telephone service. The acting chief executive of Lifeline, Jane Hayden, said: "The service is very discreet. We've found people are more likely to reveal that they're having suicidal thoughts online. It's easier to type it than to say it."

The service will operate from 8pm to midnight seven days a week. Each night it will be staffed by 10 paid workers in Brisbane and Adelaide. The service is expected to provide support to 25,000 people each year.

Lifeline: 13 11 14

<http://www.brisbanetimes.com.au/national/online-chat-offers-new-help-for-suicide-prevention-20120822-24mso.html>



6. New research: Parents with a mental illness ashamed to ask for help to raise their children

Media Release – Sane Australia

23 August 2012

A new study by the national mental health charity SANE Australia, reveals many parents with a mental illness raising children lack support from health professionals and school staff, and they feel ashamed to ask for help.

SANE Australia's study found that only around a third (31%) of survey respondents have told their child's school they have a mental illness and half of these found the disclosure unhelpful, leading to stigmatising by other parents and, in some cases, bullying of their child.

'It is unacceptable that in 2012, people are too embarrassed to say they have a mental illness. Not only is this unfair to the parent, it is also unfair to their child, whose health and education can suffer as a result,' says Jack Heath, CEO of SANE Australia.

'Many parents managing a mental illness are acutely aware that their illness is a recognised risk factor for their child to develop mental health problems later in life, such as depression. That's why it's so important they get support when they need it.

'It may be as simple as help to get their children to or from school, to sport practice or help with an evening meal,' Mr Heath explains.

Kylie Griffin, a single mother with two teenage daughters agrees. 'Routine is critical for children.'

'Better understanding my needs as a parent leads to better understanding the needs of my children. The flow-on effects are enormous,' she says.

Kylie moved both her daughters to another school when they was younger because of the teacher's attitude after Kylie informed the school of her own schizophrenia.

'Saying that you have a mental illness should start the discussion, not shut it down,' Kylie adds.



The survey was conducted in partnership with COPMI, the national initiative for Children of Parents with a Mental Illness. According to COPMI Director, Elizabeth Fudge, parents managing a mental illness often need additional information and support from health professionals. 'This vital support is best when it focuses on the whole family, not just the parent or the child.'

SANE Australia's Research Bulletin 16 – Parenting and mental illness: the school years found nearly half the 330 parents surveyed said they have not sought help for their mental illness on occasions because they feared losing custody of their child. An even greater proportion (64%) indicated they would resist going to hospital because of concern for their child.

The majority of the parents who participated in the survey, which asked about the experience of being a parent with a mental illness with a school-age child, were women (84%). The most common diagnosis was depression (50%) followed by bipolar disorder (23%), and just under half (45%) the participants lived in rural areas.

The SANE Australia research found that parents living with a mental illness primarily rely on family and friends for support, where available.

'Again the burden is placed on family because there are insufficient supports available in the community,' says Mr Heath. 'What's even more concerning is that more than 10% of the people we surveyed said they have no one to call on if they are ill.'

Another major concern identified in the survey was that nearly half of parents living with a mental illness do not have a care plan in place regarding their children, if they become unwell or need to go to hospital.

'This is cause for ongoing anxiety and stress, as well as leading to problems when people are in crisis,' SANE's CEO explains.

SANE Australia recommends health professionals work with parents to prepare a plan for care of children as part of routine clinical care. It is also recommended that there is better sharing of information about on-the-ground support and that schools review policies and practices to help families where a parent has a mental illness.



To view SANE Australia's Research Bulletin 16 – Parenting and mental illness: the school years click on <http://www.sane.org/information/research>

For further information about COPMI resources, click on <http://www.copmi.net.au/>

For information, advice and referral on mental illness, contact the SANE Helpline on 1800 18 SANE (7263), or online via sane.org

7. Peer support to help residents Liberia Takes Steps to Increase Mental Health Care Access

Publication: Voice of America

By James Butty

24 August 2012

The psychological impact of nearly 14 years of civil war contributed to a mental health crisis in Liberia.

According to the Atlanta-based Carter Center of former U.S. President Jimmy Carter, the crisis was made worse by misconceptions, stigma, and resulting discrimination surrounding mental illness, as well as the lack of mental health care training for health professionals.

Now, the Carter Center says there has been a dramatic increase in mental health care access across Liberia following the graduation of 24 mostly Liberian mental health clinicians.

Doctor Janice Cooper, a native Liberian and project leader for the Carter Center's Mental Health program in Liberia, said the new workforce will help expand mental health care access to about 70 percent of the country.

"Prior to us coming here, there was one psychiatrist in the country and very few practicing psychiatric nurses. Since 2010, we've trained 63 mental health clinicians through our Post-Basic Mental Health Training Program, we have expanded the number of clinicians that are in the field now in 14 out of the 15 counties in Liberia," she said.

She said Liberia's nearly 14-year war played a large role in exacerbating the country's mental health crisis.



“There are a few studies that have been done, mostly limited to a few countries that indicate that as much as 40 percent of our population experience some form of depression and 45 percent of our population experience some form of post-traumatic stress disorder,” Cooper said.

She said the Carter Center’s Mental Health Liberia Program is hoping that some of the graduates who are educators will return to university classrooms to ensure the next generation of primary care workers will be better prepared to address mental health problems.

“One of the things we worked on in addition to training and increasing the capacity of the health care providers is also to work on policy and program so our clinicians can be as good as the resources they have available to them, such as sufficient drugs and medication to treat some mental health disorders, appropriate resources to be able to do counselling,” she said.

Doctor Coopers said the Carter Center and its partners are working closely with the Liberian Ministry of Health and Social Welfare to train a total mental health workforce of 150 professionals.

<http://www.voanews.com/content/liberia-graduates-mental-health-care-clinicians/1494824.html>

8. Family matters: Close ties boost men's mental health

Source: Today Health

24 August 2012

Middle-age adults who have regular contact with a group of friends are psychologically better off than those who don't, but when it comes to having close ties with many family members, men benefit more than women, a new study from England says.

The results of psychological tests show that people who had regular contact with 10 or more friends at age 45 had higher levels of well-being at age 50 than those with five or fewer friends. This was the case even when education levels, employment status and previous mental health issues were taken into account.



When the researchers looked at people's relationships with family members (outside their own household), they found that men who had regular contact with fewer than 10 relatives had worse mental health than men with at least 10 close relatives. But in women, there was no link between psychological well-being and the number of family members a woman saw regularly.

While the reason women didn't seem to benefit from a greater number of close family members is not entirely clear, it may be related to the negative effects of certain family relationships, the researchers said.

Among people of both genders, those who were in a relationship with a partner had higher numbers of relatives that people saw regularly. "It is possible that negative social exchanges within women's social ties might have reduced any positive effects from [family relationships] built upon their partnership, as these have been found to be related to depression," the researchers wrote in their article, published yesterday (Aug. 22) in the *Journal of Epidemiology and Community Health*.

The researchers looked at information from 6,500 people in England who were born in 1958, gathered as part of the National Child Development Study. Participants were asked how many friends and relatives they met up with at least once a month. They also answered questions about their education, job and partnership status, and took a psychological well-being test that scored their mental health on a scale from 14 to 70.

Results also showed that study participants tended to have more friends than family members that they saw regularly. While nearly 19 percent of men and 16 percent of women reported having no family members that they saw regularly, only 11 percent of participants reported having no friends.

People's employment status did not affect the size of their social networks, but education did. Men with more education tended to have smaller groups of both friends and family members that they were close to; women with more education tended to have regular contact with fewer family members, but had more friends.



Among participants who reported having no close friends, women's mental health suffered more than men's. However, men's well-being was also affected if they had no close relatives, whereas for women, a lack of close relatives had no effect, the researchers said.

http://todayhealth.today.com/_news/2012/08/23/13437217-family-matters-close-ties-boost-mens-mental-health?lite

9. Stress increases risk of mental, physical illness by altering genes

Source: psychcentral.com

By Traci Pedersen

21 August 2012

Psychological stress may increase the risk of mental and physical illness by altering the control of genes, according to a new study by researchers at the Ruhr-Universität Bochum (RUB).

The research, believed to be the first to show that stress alters the methylation of DNA and therefore the activity of certain genes, investigated genes already known to be involved with controlling stress.

Previous studies have shown that early psychological trauma and highly stressful events are linked to long-term methylation changes to DNA. But what researchers in this study set out to find was whether this also happens after acute psychological stress: for instance, such as that experienced during a job interview.

For the study, they looked at two genes: one for the oxytocin receptor (OXTR), and one for the nerve growth factor brain-derived neurotrophic factor (BDNF).

OXTR is a docking site for oxytocin, a chemical messenger that has been dubbed the “love” or “trust hormone.” BDNF plays an important role in the development of brain cells.

The researchers recruited 76 participants in their 60s to experience two kinds of stressful events. The first was to take part in a mock job interview, and the other was to solve math problems while being watched. Both of these tests are common ways to produce stress under lab conditions.



The subjects gave blood samples before the tests, and also twice afterwards: one ten minutes after (post-test), and another 1.5 hours after (follow-up). From these samples, researchers could measure the amount of DNA methylation in the two genes.

The results showed that the BDNF gene was unaffected by the stress tests. However, the OXTR gene showed methylation changes. There was an increase in methylation in a section of this gene in the post-test measure — this suggests the cells formed fewer receptors.

Then in the follow-up blood sample, 1.5 hours after the test, methylation in the OXTR gene fell below the pre-test level, which suggests that the cells produced too many receptors.

“The results suggest a dynamic regulation of DNA methylation in OXTR — which may in part reflect changes in blood cell composition — but not BDNF after acute psychosocial stress,” said the authors.

“Epigenetic changes may well be an important link between stress and chronic diseases,” said senior and corresponding author Dr. Gunther Meinlschmidt, professor and head of the Research Department of Psychobiology, Psychosomatics and Psychotherapy at the LWL University Hospital in RUB.

“We hope to identify more complex epigenetic stress patterns in future and thus to be able to determine the associated risk of disease. This could provide information on new approaches to treatment and prevention,” he added.

The research is published in the journal *Translational Psychiatry*.

<http://psychcentral.com/news/2012/08/21/stress-increases-risk-of-mental-physical-illness-by-altering-genes/43424.html>



10. Navigating the mentally ill away from jail

Source: cnn.com

By Rich Phillips

21 August 2012

As Billy Carruthers confidently walks through Savannah's Forsyth Park, the homeless residents do a double take.

Most remember Carruthers as a mentally ill, homeless, drug addict who spent his day conning tourists to buy books, then using the money to feed his cocaine habit. Carruthers is bipolar and suffers from depression. It took many years of arrests and falling off his medication before he could kick his cocaine habit.

"They look at me today, there's one thing, beyond a shadow of a doubt that they see. They see change. They see recovery," Carruthers said. "They say, 'Where you been? What happened to you?' That's what recovery is."

Today, Carruthers is helping those still living on the streets cope with their mental illnesses as part of an experimental program in Georgia. Supporters of the Opening Doors to Recovery program believe it can help stop prisons, jails and hospitals from becoming dumping grounds for the mentally ill.

The program is trying to show state leaders the benefits of putting state money into this front end program rather than funding prisons and hospitals -- which are much more expensive, according to Nora Haynes who oversees the project for the National Alliance of Mentally Ill, or NAMI.

"We've saved the state probably about \$10,000 per participant and we have 100 participants ... and that's a minimum," said Nora Haynes, overseeing the project for the National Alliance of Mentally Ill, or NAMI, citing data compiled by NAMI. "We're keeping them out of jails and prisons and state hospitals and we're moving them to recovery which means they'll be going into the system less."

Most of the 100 participants in the program are suffering from a variety of mental issues including schizophrenia, bipolar disease and depression, according to NAMI. Many have long



criminal records for relatively minor crimes that sent them to jail or to local hospitals at a huge expense to citizens.

Each participant is assigned a peer navigator, like Carruthers. Navigators are a point of contact for participants and help them with doctor appointments safe housing, taking medication and even run-ins with the law.

Participant names are entered into a database where they are red-flagged in the system if they have a run-in with police.

Then, instead of ending up in jail or the emergency room, the flagged participant is picked up by their assigned navigator -- anytime, day or night.

Often, said Haynes, participants' erratic behavior can be rectified by something as simple as getting them to take their medication.

A typical stay at a county jail will run about \$60 per day for a psychiatric inmate, according to Georgia's Department of Corrections. The supervision provided by the Opening Doors to Recovery program costs about \$25 a day.

To get her cost-savings point across to Georgia legislators last year, Haynes brought a soda can with a \$1160 price tag attached to it. This prop helped her tell lawmakers the story of one mental patient who failed to take his medication, then walked out of a convenience store with a can of Coca-Cola without paying for it, and was taken to county jail.

Taxpayers paid \$1160 for the incident because the patient spent 21 days in jail.

The gimmick caught enough notice to get about \$800,000 from the Georgia legislature, to help get the program off the ground.

"The issue is the same across the country," said Larry Branson of the Savannah Chatham Police Department. "Our jails and prisons are the largest mental health institutions in the nation. There has to be an alternative to hospitalization or jail."

A U.S. Department of Justice study in 2006 found mental illness is rampant in the penal system: 56% of state prisoners, 45% of federal prisoners and 64% of local jail inmates have mental health problems. Many are substance abusers.



According to the National Alliance of Mentally Ill, prisoners with mental illness cost taxpayers about \$9 billion a year.

One of the keys to ending this cycle, experts say, is through a personal, one-on-one connection with a trusted mentor.

"I need to have someone who could speak to me in my own voice, someone I could respect, someone I could understand," said Carruthers.

So, each week Carruthers leads peer groups for the folks he navigates. They've all been homeless at one time or another.

"I'd rather stay healthy than be back in the places I've been in," said one female participant.

"I want to be myself and not walk around like a zombie anymore," said one man.

One person Carruthers cares for and navigates through the system -- who did not want to be identified -- has been diagnosed as a paranoid schizophrenic. He also has a drinking problem and suffers from delusions.

"I just hear voices," he told CNN. "When I was in jail and not taking medications, I thought I was somebody from the Bible. ... I thought my neighbor was talking to me and I took apart the ceiling fan and was trying to find a camera in there."

The participant has been in and out of jail for a wide variety of minor crimes -- mainly due to his illness. For a while he lived in a homeless shelter. His parents wanted desperately to help him, but just didn't know how. Finally, one day, they picked him up and got him out of the shelter.

"You're just emotionally worn out with everything," his mother said. "One minute I say, 'Go live under a bridge' and the next, you just want to hold him and make him better."

Now, they credit the Opening Doors to Recovery program and Carruthers, his navigator, for helping him slowly get his life back.

"When I was struggling with the medication aspect, he was always there at the doctor's appointments and he would always come before work," the man said. "He'd go out of his way to make sure everything was OK."



He has been studying to be an engineer. Up until recently, he's been stable, but he had a positive test for alcohol during a drug court appearance, which was a setback in his lifelong battle. His family still believes he has a decent shot at a normal life, due to his newly found help.

"I just want him better," said his mother. "We're not always going to be here."

<http://edition.cnn.com/2012/08/21/health/mental-health-navigator/index.html>

