Mental Health
Council of Australia

WEEKLY BULLETIN

No. 30, 2012

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Dear all

Carers Week 2012 – Be Care Aware

Carers Week is the national awareness-raising week for Australia's 2.6 million carers. We want all Australians to know about carers! The campaign this year is Be Care Aware and encourages people to get to know more about unpaid carers, who they are, what they do and how they can be supported.

Unpaid carers come from all walks of life. They provide unpaid care and support to family members and friends who have a disability, mental illness, chronic condition, terminal illness, an alcohol or other drug issue, or are frail aged.

With more than 2.6 million unpaid carers in Australia, chances are you, or someone you know, may be a carer.

Carers Week 2012 will run from Sunday 14 October until Saturday 20 October 2012 and will be launched nationally on Monday 15 October.

Carers Australia's vision is an Australia that values and supports the contribution that carers make, both to the people they care for and to the community as a whole.

For further information go to www.carersaustralia.com.au

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

Kind regards
Kim

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1. Remembering to ask 'R U OK?'

Publication: news.com.au

13 September 2012

HAVE a chat on R U OK? Day, today's national day of action to help prevent suicide, to change a life.

A simple question to a friend in need means much more than words.

Jessica Davies knows all too well the impact that suicide can have on those who have lost a loved one. Four of her close family members – her father, her only brother, her grandfather and her uncle – all ended their own lives.

“Suicide leaves a feeling of loss, unanswered questions and an inevitable void in survivors’ lives forever,” Ms Davies says.

The 32-year-old is a huge supporter of R U OK? Day, an initiative that helps inspire people to simply ask a relative, friend or colleague how they are doing.

Getting involved

The aim of R U OK? Day is to encourage Australians to have open, honest conversations with one another to help reduce the country’s suicide rate. On average, more than 2100 Australians commit suicide every year.

Anyone can get involved in the campaign by reaching out to a loved one.

“We want all Australians to take a moment to check in with someone and ask them, ‘Are you okay?’” says Janina Nearn, R U OK? co-founder and CEO. “A conversation could change a life.”

You can also show support by making a donation online or hosting a fundraiser.

Davies, who works as a human resources adviser, has been inspired to champion the R U OK? Day message within her own workforce of more than 500 people. “I’m running a fundraiser this year and hope to significantly contribute to changing our loved ones’ lives for the better,” she says.

Saying you're not okay

While Australians may have a "she'll be right" attitude to life, it's important to remember that it's okay to admit if things are getting you down.

Some of the most vulnerable groups in our society include men over 55, who often need to be encouraged to speak up if something is wrong. Young people are also at risk, with a report from the Australian Bureau of Statistics finding suicide is one of the biggest killers of young people aged 15 to 24 years.

"It's very common to feel alone when going through difficult times, but helping someone to admit they're not okay is the first step to getting support," says Professor Graham Martin, suicide prevention expert and chair of the R U OK? Scientific Advisory Group.

Asking for help

Discussing a problem can help you feel less overwhelmed. If you don't feel comfortable talking about it with a loved one, speak to your doctor or another trusted health professional.

Professor Martin says regularly checking in with each other can help build stronger relationships and communities. "You don't have to be an expert to support someone going through a tough time, you just need to be able to listen without judgment and take the time to follow up."

Ms Davies says that two years after losing her brother, she has moments where she must "find the courage to say I'm not okay".

"My advice is to first of all honour your feelings and emotions, realise you are not alone, and remember that your family and friends are the ones who have the ability – so long as you allow them – to carry you through to brighter days in the future," Davies says.

"Without the support of those I allowed into my life in this way I doubt I would have come through this as well as I have. Please, please reach out – you'll be surprised at how many of those around you really care about your wellbeing."

How to ask “Are you okay?”

If you are concerned about a friend, family member or colleague, here’s how you can make a difference.

- Start the conversation somewhere intimate and be relaxed and open.
- Listen to them without judgment and give them time to talk.
- Encourage action by suggesting they seek advice from a GP or caregiver.
- Follow up by asking them how they are doing and reminding them that help and support is available.
- If they are in denial, accept that they are not ready to talk yet and ask them if you can enquire about how they are sometime in the future.

"It is never too late to turn your life around"

Despite a successful marketing career, Graeme Cowan came close to being a statistic with four separate suicide attempts. His last was in July 2004.

"I’d been suffering from chronic depression for five years, was on 23 different medications, had been through 20 electric shock therapy sessions, and my psychiatrist said I was the worst case of depression he had ever treated," he says.

Fast forward seven years, Cowan is an author of two books on overcoming depression, Back From The Brink and Back From The Brink Too (Bird in Hand Media), and champion for R U OK? Day.

"It doesn’t matter how bad you think your life is, it is never too late to turn your life around, or the life of a friend or colleague in need."

R U OK? Day is today, September 13. For more information visit www.ruokday.com.au.

For 24-hour support call Lifeline on 13 11 14.

http://www.news.com.au/news/remembering-to-ask-r-u-ok/story-fnelnuip-1226473039599#ixzz26IfmfpgO

2. Raising awareness on deadly subject

Publication: Northern Territory News
Author: Alison Bevege
13 September 2012

Steve Weir has lost three friends to suicide. The digger operator now understands just how important it is to raise awareness.

``There are people out there that can help,'' he said.

One of them is Louise Mayclair who yesterday visited Mr Weir's construction site where about 20 workers are doing the civil earthworks for the new suburb of Bellamack.

Ms Mayclair said her non-profit organisation Ozhelp was one of the only mental health providers that goes out and visits workplaces.

The project officer visits about 15 construction sites around Darwin offering support and outreach services to tradies.

Typically she attends the regular toolbox meetings where workers discuss site safety.

``We go on a regular basis over a period of time. People get to know and trust us and it opens the door for them to speak to us,'' she said.

Ms Mayclair said sometimes they open up face to face or else they call. The important thing is they talk.

The group also offers support to management and industry. Mr Weir, 40, said the service was worthwhile.

``We need them to let us know and give us information,'' he said.

http://www.ntnews.com.au/article/2012/09/13/313537_ntnews.html

3. A deadly silence that has to end

Publication: The Sydney Morning Herald
Author: Patrick McGorry
10 September 2012

In the lucky country every year, hundreds of young people between the ages of 12 and 24 take their own life. Suicide is now the biggest killer of our young people. It's a daily procession of preventable deaths, often with local surges called ''clusters'' or mini-epidemics, swollen by suicides in older adults.

Suicide is a silent killer whose footprints are actively concealed by a frightened and often judgmental society. On this, World Suicide Prevention Day, we need this culture of secrecy to end. It not only buries the truth, denying the Australian public an acute awareness of the scale of the problem and paralysing real action, but I believe it also increases the risk of suicide itself, since the silence and shame make suicide the emergency that dare not speak its name.

Even when people overcome this sense of shame and seek help, they sometimes encounter blame and rejection. The culture of shame and secrecy also cripples the ability of the bereaved families and friends to recover from their brutal loss. The Australian Bureau of Statistics reported that 2361 people died from suicide in 2010, almost certainly a significant underestimate. The issue has never been taken seriously in policy terms in this country.

What we have seen too often is when a young person dies by suicide there is silence and suppression of their story. Why? Suicide is a confronting and traumatic event for families, communities and health professionals. The raw pain is very hard to face, and fear and shame drive it underground as anxiety surges about ''contagion'' and ''copycat'' phenomena, which are a real yet manageable risk. But socially damaging and traumatic events need to be faced and exposed to the cold, hard light of day if they are to be overcome.

So I applaud the courage of many communities around Australia and the bulk of the Australian print and electronic media, who are trying to do exactly this. Bereaved families, and traumatised friends, teachers and police, need their voice to be heard. Only when shocked and worried communities bravely face up to the reality of what has happened can real preventive action be taken.

If a young person does feel distressed and suicidal, it is likely that they are frightened by these feelings. But so are their peers, parents, and teachers. The silence that surrounds our young people experiencing mental ill health often makes them feel too ashamed, too guilty and too stigmatised to put up their hand and ask for help. They often enter what Irish GP Harry Barry has termed a ''suicide cocoon'', isolated and out of reach of help. While seeming calm and purposeful, they are actually closer to death. This ''help negation effect'' creates the familiar experience of family and friends that the suicide occurred ''out of the blue'', since overt distress and help-seeking had been hidden or turned off in the cocoon.

Research shows that in asking a young person about their emotions and suicidal feelings we will give them permission to talk, and in most cases they will feel relieved and better able to overcome periods of suicidality. If effective help is provided, suicidal urges almost always subside.

What about the fear of public discussion and media reporting that still creates anxiety among professionals and authorities? Wider public discussion of suicide and media coverage of the stark reality clearly make many people anxious. This is partly a reflection of the taboo and the feelings flowing from it and also the fear that more distressed young people standing near the precipice will be drawn over the edge through the copycat phenomenon. It may be that unmoderated social media pose some risks to which careful and frank public discussion and mainstream media coverage can provide an antidote.

Revealing the destructive impact of suicide on family and friends and lighting the path to relief from pain and futility for young people is likely to draw them away from the cliff's edge towards hope and support. Just as we've done with the road toll, the mainstream media should report frequently and prominently a tally of lives lost to suicide through a national campaign funded by the federal government.

Along with a high-profile prevention campaign, we need to highlight the link between mental ill health and suicide, mobilise community support and provide a range of effective treatments. Suicide is a late manifestation of unspoken, unrecognised or unacknowledged mental ill health in so many cases. But nearly two-thirds of Australians never receive any help or access to this type of healthcare. A high proportion of people eventually treated for mental ill health have attempted suicide before getting help. The ambulances are all at the bottom of the cliff.

Part of the solution is to find ways to better communicate with our young people. This means communicating with them in their language. It is pleasing to see that a new wave of web-based mental health programs is starting to emerge. By 2015 there will be 90 headspace centres for young people around Australia: one-stop shops where stigma-free expert care is available in a youth-friendly environment. Australia needs about 200 of these so all communities have access. These centres also need youth-friendly specialist mental health back-up for young people with more complex and acute stages of illness. This hardly exists in our lucky country. We must build this novel national system of mental health and wellbeing for our young.

Our young people must have a strong safety net to survive the increasingly tough transition to adulthood, during which mental ill health is their major health risk. The pain must be revealed and channelled to demand open dialogue and better care for young people and families. A much greater sense of urgency is required - not a cover-up.

There are solutions to significantly reduce the numbers of Australians who needlessly die by suicide. But to solve this problem, we must first break the silence and talk about it.

Patrick McGorry is a professor of youth mental health at Melbourne University and a former Australian of the year.

For help or information call Suicide Helpline Victoria on 1300 651 251, or Lifeline on 131 114, or visit beyondblue.org.au

http://www.smh.com.au/opinion/society-and-culture/a-deadly-silence-that-has-to-end-20120909-25m58.html#ixzz262ksMSBf

4. Night that changed a dad forever

Publication: The Canberra Times
Author: Mark Eggleton
7 September 2012

On his second night in Afghanistan, Warrant Officer Paul Chapman made contact with the enemy and was involved in a firefight, which was pretty horrific.

For Chapman, a 46-year-old veteran with service in East Timor, Israel and the Gaza Strip as well as Afghanistan, the upshot of that second night was something switched on his mind. He was at the beginning of his tour but suddenly he was on high alert all the time and he remained that way for his whole tour.

``That first contact put me over the edge,'' he says. ``What happens gets imprinted in your brain and I'm still that way. I constantly check the house and the car and what happened still gets hold of me and I go off the deep end again it comes in waves.

``It's a really tough gig I would have preferred to have come back without an arm rather than this.'' For Chapman's wife, Lisa, the husband who was deployed to Afghanistan was not the husband who came back.

According to Lisa Chapman, the cracks began to appear very early.

``The adrenaline coursing through Paul's body means he has enormous ups and downs. He can get very angry very quickly. The smallest things can set him off. He is always looking for the enemy and he's helpless against it,'' she says.

``Our 12-year-old son has twice forgotten about his Dad's condition and woke him up. Paul has had him pushed up against the wall, treating him like the enemy. Now our son is also being treated for Post Traumatic Stress Disorder (PTSD) it has been a nightmare.''

She says part of that nightmare is knowing the kids are watching their father deteriorate before their eyes. Sometimes everything can be fine, and then suddenly ``Paul will begin to rage as he has some sort of flashback.

``Our son fears losing his Dad and because Paul's sleep apnoea is so bad, he sleeps next to Paul's bed on a mattress and counts how many times Dad stops breathing during the night.

Lisa did reach out and seek help for the family and acknowledge help was needed.

Reaching out meant getting in contact with Legacy and Lisa says they've been absolutely brilliant.

``They help me and let me know what I can do as well as provide counselling and financial support. I've had to leave my job and become a full time carer, and attend Paul's doctor visits and psychological counselling as well as doctor visits with the kids, and even counselling for our son. Legacy has also put us in touch with other families going through the same thing,'' Lisa says.

``Paul is the bravest and most fantastic man. He is fighting for his life to get better and for his family. He just keeps going he's the strongest man I know.

``He did his job and he did it fantastically and we're lucky he came home. All we have to do now is deal with the new man we have got.''

For Paul Chapman, his wife has been amazing. ``She's so good she is my carer, she works hard and she's the bloody best,'' he says

He also says Legacy have been brilliant. ``I thought Legacy was an organisation for older people, but they turned up and said: `We're here for your family'.

``I'm working hard to get there. I'm thinking positively and getting the word out there about my disease and about Legacy. It's hard and my kids worry about me all the time, but I'm seriously a lot better now.''

According to Legacy Australia Council chairman, Charles Wright, many of our current soldiers are suffering from PTSD.

He acknowledges a lot is done to protect the lives of our veterans in the field but there are a lot of injuries which take affect over time.

``The vast majority of veterans affected over time are suffering from PTSD,'' Wright says. ``No one can understand the level of stress our veterans are under until they've been over there and experience exactly what these guys go through. The mental pressures are enormous.''

Wright says the Australian Defence Force numbers around 90,000 and 50,000 of those service personnel have done at least one tour to Afghanistan or Iraq.

``Some of these guys have done up to nine tours. I don't think people realise the amount of stress out there. Moreover, the suffering can set in at anytime.''

Wright says there nothing like Legacy anywhere else in the world an organisation that concentrates much of its effort on the children and families who are left behind.

``What we do is step in and basically make a family part of our family,'' he says.

At present, Legacy looks after over 100,000 people from widows to families whose fathers face a disability. And Legacy's work reaches across generations of Australian families who have been affected by war. For example, the organisation offers support to a widow who is 107 and nowadays, widows in their 20s.

``There is a new wave of families who need our help, so I urge Australian to dig deep and buy a badge for Legacy,'' Wright says.

``It's important people put their hands in their pockets during Legacy Week to give to people who have provided the ultimate sacrifice.''

5. An artistic approach

Publication: The Queanbeyan Age, Life Section
7 September 2012

Even the best mental health programs sometimes reinforce the fact that participants are experiencing a difficult period in their lives.

Support groups and counsellors can become a constant reminder that your mental health is fragile, and can push low self-esteem even lower.

But a new program targeting Queanbeyan mental health clients is offering relief through art, providing a place for people with mental health issues to be together and relax without focusing on their diagnosis, treatment or medications.

The group are collaborating with local artist Diana Quiggin to produce some 250 individually-crafted and decorated clay tiles which will be the feature of a new sensory garden in Ray Morton Park, next to the Riverside Cafe in Queanbeyan.

"The idea with sensory gardens is to engage as many of the senses as possible," Ms Quiggin said.

"This is particularly appropriate [for mental health], because often with mental illness you're disconnected from your senses. You're in a black hole," she said.

"More broadly, it's part of connecting with the community, the environment and Queanbeyan's history and future as I see it."

A former geneticist for the CSIRO, Ms Quiggin knows the therapeutic and healing qualities that art can bring. She was forced to deploy her creative energy in a different field 15 years ago after she developed a muscular condition called Fibro Myalgia.

Interpreting the natural world through art was one of the ways she managed her chronic pain and developed a new career path.

"My science background is part of what drives me in exploring Australia's botanical flora," she said.

"I thought I'd lost the ability to do research, but doing this has engaged all that curiosity and experimentation that I enjoy."

The program has been funded through a grant from Queanbeyan City Council, and local mental health service providers including The Richmond Fellowship, Queanbeyan Mental Health, Home in Queanbeyan, St Benedict's Community Day Centre and Richmond PRA have worked together to develop it.

Katrina McLean of the Richmond Fellowship told The Queanbeyan Age that the participants were enjoying the chance to unwind and socialise during the workshops.

"This is an opportunity for our clients to come together when they're not being drilled about their medication or their diagnosis and do something enjoyable," she said.

"What I've noticed is that when peers get together like this, they socialise and they help each other after-hours and on weekends, which is what a lot of [mental health] organisations can't do.

Because mental health doesn't stop at 5.30pm when the office closes," she said.

Some of the completed clay tiles will be on display at Ray Morton Park in Queanbeyan on Friday, October 12 between midday and 3pm coinciding with Mental Health month.

Members of the public are invited to come along and make their own clay tiles for the sensory garden on the day.

6. Scientists Scan Children's Brains for Answers to Mental Illness

Publication: Scientific American
Author: Ingrid Wickelgren
11 September 2012

In a room tucked next to the reception desk in a colorful lobby of a Park Avenue office tower, kids slide into the core of a white cylinder and practice something kids typically find quite difficult: staying still. Inside the tunnel, a child lies on her back and looks up at a television screen, watching a cartoon. If her head moves, the screen goes blank, motivating her to remain motionless. This dress rehearsal, performed at The Child Mind Institute, prepares children emotionally and physically to enter a real magnet for a scan of their brain. The scan is not part of the child’s treatment; it is his or her contribution to science. What scientists learn from hundreds to thousands of brain scans from children who are ill, as well as those who are not, is likely to be of enormous benefit to children in the future.

The Child Mind Institute is a one-of-a-kind facility dedicated to the mental health of children. Its clinicians offer state-of-the-art treatments for children with psychiatric disorders. (For more on its clinical services see my previous post, “Minding Our Children’s Minds.”) In addition to spotting and treating mental illness, The Child Mind Institute is dedicated to improving both through science. Its researchers are helping build a repository of brain scans to better understand both ordinary brain development and how mental illness might warp that process.

Tracking the developmental trajectory of mental illness is a critical, overlooked enterprise. Almost three quarters of psychiatric disorders start before age 24 and psychological problems in childhood often portend bona fide, or more severe, diagnoses in adults. If scientists can pinpoint changes that forecast a mental disorder, they might be able to diagnose an incipient disease, when it might be preventable, and possibly target the troublesome circuits through therapy. Certain brain signatures might also provide information about disease risk and prognosis, and about what types of treatments might work best for an individual.

Timeline for the Brain

The first step in this process is obtaining a reliable snapshot of ordinary brain development, one based on lots of brains. The ability to recognize signs of a sick brain (or one at risk of becoming sick), after all, requires knowing what a healthy brain looks like. Toward this end, 1,000 residents of Rockland county, ages six to 85 will, in the next few years, travel to the Nathan S. Kline Institute for Psychiatric Research in Orangeburg, New York, 27 miles north of New York City, to take part in a landmark study to have their brains speed-read using state-of-the-art functional magnetic resonance imaging (fMRI) machines.

Each scan divulges the so-called "functional architecture" of the brain by gauging levels of neural activity in different regions. (fMRI devices don't measure such activity directly, but track blood flow, under the assumption that more active neurons use more blood.) From these activity levels, software can infer how strongly two regions are connected, says Cameron Craddock, director of imaging at the Center for the Developing Brain at the Child Mind Institute, which, along with the Nathan S. Kline Institute and the National Institutes of Mental Health is supporting this unique endeavor. If two regions are abuzz at the same time, researchers assume they are connected and form part of a common network. By scanning large numbers of individuals of various ages, researchers can determine how the functional connectivity of the brain changes over time.

The resulting images will be made publicly available through the International Neuroimaging Data-Sharing Initiative, the first large-scale attempt to collect and share a large number of brain images. On December 11, 2009, the scientists behind this effort, previously dubbed the 1,000 Functional Connectomes Project, publicly released over 1,200 sets of fMRI images of the brain at rest created at 33 different sites around the world. Since then, investigators have downloaded and used this data to sketch a core architecture behind human brain function along with variations between individuals of different ages and genders—findings outlined in more than 40 publications so far.

Images of Illness

In a second project, The Child Mind Institute will explore brain development patterns in its young patients. Children who volunteer for the project will travel to Orangeburg for a brain scan. The images, stripped of identifying details, will comprise a future Child Mind Institute Biobank. As with the repository of brains from healthy individuals, Biobank curators will pair these scans with carefully collected psychological and clinical data from the same individuals to understand the significance of what they are seeing in the scans.

The hope is to find functional brain signatures of mental illness and learning disorders in children and teens. “We plan to integrate the research and the clinical,” to determine the developmental origins of ailments such as autism, depression and psychosis, says Ronald Steingard, a psychopharmacologist at The Child Mind Institute. Scientists hope such information might one day be used to develop objective medical tests for these problems and to see a patient’s response to treatment as a change in his or her brain.

This effort parallels other recent undertakings conducted with the support of the International Neuroimaging Data-Sharing Initiative. In one of these, the Autism Brain Imaging Data Exchange, investigators from 16 scattered labs have divulged brain scans, along with behavioral data, from 539 individuals with an autism spectrum disorder and 573 counterparts without autism. A separate research consortium has released brain images, along with basic clinical information, from 285 children and adolescents with attention-deficit hyperactivity disorder and 491 without the deficit for comparison.

In addition to more accurate diagnosis, a close look at the brain regions altered by illness could help doctors tailor treatment more precisely to a patient’s problem. Strategies such as electroconvulsive therapy and deep-brain stimulation (DBS) that work by revving up or shutting down neural activity can be aimed at particular brain regions or nerve fiber tracts. In some cases, medication is known to act largely on particular brain areas as well.

Focused treatment could also take the form of biofeedback, in which the patient tries to deliberately alter brain activity through conscious processes. The hubbub in a brain area or circuit could drive a visual output—say, a needle on a "brainometer." Patients might try to move that needle one way or the other by directing their thoughts to particular topics, sensations or remembrances. (Often, patients try several strategies by trial-and-error before landing on one that works.) Craddock is now actively investigating biofeedback as a possible treatment for depression.

In addition, shedding light on the neural circuits involved in specific brain disorders might inspire the development of new therapies aimed at those circuits. Like the collaborative effort to decipher the human genome, a large-scale endeavor to uncover the vast array of connections in the human brain, their meaning, and how they change over time, is likely to yield myriad benefits, many of which we cannot yet predict.

http://blogs.scientificamerican.com/streams-of-consciousness/2012/09/11/scientists-scan-childrens-brains-for-answers-to-mental-illness/?WT.mc_id=SA_syn_HuffPo

7. Mental health still carries stigma

Source: The Belfast Telegraph

10 September 2012

Stigma around mental health issues is still stopping people in need from accessing support, medics have warned.

A survey to mark World Suicide Day found almost a third of people would not willingly accept someone with a mental health problem as a close friend. And 62% admitted they would discriminate against hiring someone with a history of mental illness on the grounds they may be unreliable.

St Patrick's University Hospital in Dublin warned it is crucial that vulnerable people can get high quality care from a service they trust.

Some 525 people died from suicide in Ireland last year, up from 486 in 2010.

Paul Gilligan, chief executive of the mental health and addiction facility, said: "Data from the World Health Organisation indicate that approximately one million people worldwide die by suicide each year. This translates to one death by suicide every 40 seconds."

St Patrick's is holding a series of free information evenings every Tuesday for families and carers to promote an understanding of the illness.

Its survey found more than a fifth of people quizzed believe those suffering from mental health problems are below average intelligence, with 42% feeling that undergoing treatment for a mental health problem is a sign of personal failure.

Former World Champion boxer Bernard Dunne also urged people to talk to each other to battle the scourge of suicide. He said people need to be able to speak about their mental health issues.

"Being a man often means that you're not used to talking to other people about what's on your mind. That stigma has to be lifted," he said. "When I retired from boxing I was lucky that I had a strong network around me that encouraged me to open up. Other people are not so lucky."

Dunne joined hundreds of people in Console Walk and Talk at the Phoenix Park, to mark World Suicide Prevention Day. Anyone in crisis should call Console's 1Life 24-hour helpline support on 1800 247 100.

http://www.belfasttelegraph.co.uk/news/local-national/republic-of-ireland/mental-health-still-carries-stigma-16208803.html

8. Migration experiences, employment status and psychological distress among Somali immigrants: a mixed-method international study

Authors: Nasir Warfa, Sarah Curtis, Charles Watters, Ken Carswell, David Ingleby and Kamaldeep Bhui

7 September 2012

Background

The discourse about mental health problems among migrants and refugees tends to focus on adverse pre-migration experiences; there is less investigation of the environmental conditions in which refugee migrants live, and the contrasts between these situations in different countries. This cross-national study of two samples of Somali refugees living in London (UK) and Minneapolis, Minnesota, (USA) helps to fill a gap in the literature, and is unusual in being able to compare information collected in the same way in two cities in different countries.

Methods

There were two parts to the study, focus groups to gather in-depth qualitative data and a survey of health status and quantifiable demographic and material factors. Three of the focus groups involved nineteen Somali professionals and five groups included twenty-eight lay Somalis who were living in London and Minneapolis. The quantitative survey was done with 189 Somali respondents, also living in London and Minneapolis. We used the MINI International Neuropsychiatric Interview (MINI) to assess ICD-10 and DSM-IV mental disorders.

Results

The overall qualitative and quantitative results suggested that challenges to masculinity, thwarted aspirations, devalued refugee identity, unemployment, legal uncertainties and longer duration of stay in the host country account for poor psychological well-being and psychiatric disorders among this group.

Conclusion

The use of a mixed-methods approach in this international study was essential since the quantitative and qualitative data provide different layers and depth of meaning and complement each other to provide a fuller picture of complex and multi-faceted life situations of refugees and asylum seekers. The comparison between the UK and US suggests that greater flexibility of access to labour markets for this refugee group might help to promote opportunities for better integration and mental well-being.

http://www.biomedcentral.com/1471-2458/12/749/abstract

9. A Study in Pink: Are Eating Disorders “Women’s Diseases”

Source: Army Times
Author: Teresa Johnson
6 September 2012

Calling eating disorders a 'women’s problem' is more than a statement of statistics: it reflects both a casual dismissal of life-threatening mental illness and a cruel stereotype about women.

A recent Yahoo! Health article on the dangers of binge eating states that this is one of the few eating disorders that afflict women and men equally. However, the article asserts—and the American Psychological Association confirms—that men seek treatment for this disorder far less often than women do, because they’re ashamed of having a “woman’s disease.”

I was startled when I heard that epithet. It’s true that eating disorders in general affect women more commonly than men, but is it a good idea to call eating disorders a “lady problem”?

The National Association of Anorexia Nervosa and Associated Disorders, Inc. (ANAD) says that of the 24 million people with eating disorders, 85-90 percent of people with anorexia or bulimia are female. Over half of teenage girls show unhealthy weight control behaviors. The fact is that eating disorders do affect women disproportionately.

However, there’s a right way and a wrong way to address this problem, and the wrong way is in full effect. Identifying eating disorders as “women’s diseases” creates the perception that eating disorders are just a thing that women do, a consequence of being female, instead of a life-threatening illness that needs to be treated seriously. When eating disorders have the highest mortality rate of any mental illness, but only one in ten people receive treatment, the problem is definitely being ignored.

A big share of the blame rests with insurance companies. The treatment for many eating disorders is not covered by insurance, and many people forgo treatment because it’s so expensive. According to ThinkProgress.org, some insurance companies offer treatment for anorexia nervosa or bulimia nervosa, but not the more common diagnosis, “eating disorder not otherwise specified” (EDNOS). If a woman meets all the diagnostic criteria for anorexia but is still having her period, she may be diagnosed with EDNOS instead of anorexia and receive no coverage at all.

Insurance companies apparently think that it’s perfectly normal for women to struggle with body image issues and that treatment is only necessary in very extreme cases. Some companies refuse coverage if a patient’s body mass index (BMI) is not “low enough.” The Substance Abuse and Mental Health Services Administration (SAMHSA) says that a BMI of 17.5 is a “strict indicator” of anorexia, but some providers require a BMI of 16 or even 15 before they’ll pay for treatment. A 5’6” tall woman would be considered anorexic by SAMHSA if she weighed 108.5 pounds, but insurance provider Anthem Blue Cross would only qualify her for treatment if she weighed 93 pounds. It’s sad that insurance companies—like the media—think that bone-skinny is the new normal.

Speaking of the media, it’s as much to blame as the insurance industry for the under-treatment of eating disorders. Legitimate body image issues are often dismissed with jokes that women are just shallow and overly concerned with their appearances and the media fuels that stereotype daily. On top of that, when girls hear that women are traditionally diet fiends who want to fit into tiny dresses, they may feel even more anxiety about their own weight.

Even as the media dismisses women’s weight concerns, it propagates the unrealistic image of a “perfect body” that drives women to extreme weight loss in the first place. ANAD reports that 91 percent of female college students try to control their weight with dieting, and 25 percent of college-age women binge and purge. Forty-seven percent of girls between fifth and twelfth grade want to be skinnier, and 69 percent of girls in those grades say that magazines influence their idea of a perfect body type.

Note: that “ideal” body type portrayed in advertising? Only five percent of American women match it.

Between apathetic insurance companies and the media’s one-two punch of “be skinnier” and “anorexia’s no big deal,” it’s no wonder that 20 percent of people with anorexia die from health complications or suicide. Eating disorders are indeed a women’s concern: a sign that women are disproportionately attacked by the media, disregarded by insurance providers and left to endure their illnesses alone.

The right way to address eating disorders as “women’s diseases” is to work that much harder to protect women from their influence.

http://www.readthehorn.com/blogs/a_study_in_pink/64913/a_study_in_pink_are_eating_disorders_womens_diseases