

## MHCA – Bulletin no 1, 2012



Hello Everyone,

I hope 2012 is a good and positive year for everyone.

Apparently the third Monday in January is considered to be the saddest day in the year (in the Northern Hemisphere) so to counteract this mood, read item 1, better still, choose one of the recommended books; item 2 is related.

Items 7, 8 and 9 are important to all mental health advocates. The items give details and comment on the draft *10 Year Roadmap for Mental Health*. If you wish to comment on the draft the time frame is 2 weeks, details in items 7, 8 and 9.

Item 4 has a number of articles related to weight gain and anti-psychotic drugs, all are interesting.

The carer survey printed in Arabic, simplified Chinese, Greek and Italian will be available for those specific communities very soon – if you work with those communities please register your interest and the survey will be sent to you when it is available email: [linda.rosie@MHCA.org.au](mailto:linda.rosie@MHCA.org.au)

Thank you to all the carers who have completed the survey and to those who have forwarded it to the carers. The survey closes on January 31<sup>st</sup>, if you haven't done so, please complete.

Young Carers: [www.facebook.com/youngcarersproject](http://www.facebook.com/youngcarersproject)

Adults: <http://www.surveygizmo.com/s3/569049/Mental-Health-Carers-Survey-2011-12>

Best wishes

Linda

---

1 Mood boosting reading matter

2 2012, the year of mental health - Canada

3 Depression is not only limited to older people

4 Sydney doctors combat weight gain from anti-psychosis drugs

5 Inclusion board calls for job mentors

6 Fewer than one in ten people with schizophrenia show sustained improvement over 3 years

7 Federal government announces mental health reform

8 A New Ten Year Plan for Mental Health

9 Mental health plan 'too vague' to be of use

10 Report highlights level of stigma from health professionals

---

1 Mood boosting reading matter

The UK Guardian has an article on books which bring smile to your face, to read the full article go to:

<http://www.guardian.co.uk/books/booksblog/2012/jan/10/mood-boosting-reading>

or to see the list of books including reviews (scroll down) go to:

<http://www.librarything.com/bookaward/Reading+Agency+Mood+Busting+Books+2012>

---

2 2012, the year of mental health - Canada

**Bryinna Leslie**

Jan 12, 2012

My five-year-old was sitting at the dining room table one morning in early January, when he said "I don't feel well." Was it his stomach? Was it his head? Was he tired? "No, I just feel really sad." January can be a sad month for a lot of people. But more than just sadness, the cold winter months are a time when mental health issues often come sharply into focus. Addictions, depression, and stress disorders become evident as people feel the letdown after the festivities, and face getting back to routine in the cold winter months. Unlike physical health, mental health disorders can be harder to recognize in loved ones, harder to diagnose, and more complex to treat. But mental illness affects all of us. It's estimated that one in five Canadians will experience mental illness in their lifetimes. The remaining four in five will have a family member, colleague or friend that will. If we started having conversations more openly with friends and family members, we would see the truth in these statistics, that most people have a story about mental illness. Alcoholism, suicide, people failing to hold down jobs, those that are chronically ill and depressed - these issues are rampant in Canadian society. Yet there remains a stigma around mental illness that doesn't exist elsewhere. Toronto's Centre for Addiction and Mental Health (CAMH) reports that just half of Canadians say they would tell friends or co-workers about a family member with a mental health problem, compared to 72 per cent that would discuss cancer, and 68 per cent that would talk about diabetes.

With mental illness, more often than with physical disorders, we are more likely to ignore symptoms, or write them off as selfish and bad behaviour, until they become chronic. The CAMH reports more than half of Canadians say they wouldn't socialize with a friend that has mental health problems and 46 per cent say they believe people use mental health issues as an excuse for bad behaviour. As I broached these subjects with my own acquaintances over the holidays, I realized even as people are more willing to discuss the issues to an extent, there is a lot of blame that accompanies these discussions. "So and so is depressed because he doesn't do x, y, and z." "She has never been willing to help herself with her addiction, so I wash my hands of it." "He always does this at this time to sabotage the family party and focus the attention on himself."

It's difficult to know what the answer is. Mental health advocates across the country say resources to diagnose and treat mental illness are chronically underfunded. Along with that, organizations lack the resources to properly educate the public on the issues. The current health system is also not well organized to treat people in a holistic manner. Family doctors, often the first point of contact, are not always trained to ask the right questions to assemble a diagnosis. Even if they do, available resources for treatment vary from community to community, with public health and social services often disconnected from mainstream medical services. Within the medical profession, there is a shortage of professionals trained to deal with the number of mental health patients. Perhaps the first step is to encourage more openness around mental illness: talking about it more directly with family members and friends, sharing stories, and educating ourselves and our children. The more we know, the better we will be prepared to recognize symptoms early on, advocate for resources, and help the people we love, rather than ignoring or blaming them for their illness.

<http://www.emcottawaeast.ca/20120112/news/2012,+the+year+of+mental+health>

---

### 3 Depression is not only limited to older people

**Bupa SA general manager Eric Granger**

**The Advertiser**

Fri 13 Jan 2012

THE LONG-HELD view that depression in older people is often a natural part of the ageing process must be challenged and people with symptoms encouraged to reach out for help. This is particularly relevant given almost 130,000 South Australians are affected, or are expected to be affected, by

mood-affecting conditions like depression for more than six months. While it's true that there are certain factors that can increase the risk of older people getting depression, it should not be treated as a normal part of getting old.

These risk factors include chronic pain, deteriorating health, side effects from medications and the losses associated with ageing such as independence, work, income, partners, friends and relatives and social isolation. Social isolation appears to increase as people age and comes about in many ways. Recent research has provided a unique perspective on this issue. Typically you would think that having easy access to local shops, stores and shopping centres would help overcome some of the issues around social isolation for older Australians but this new research found the opposite to be the case.

The study, by researchers at the University of Western Australia (UWA) and published in the prestige American Journal of Geriatric Psychiatry earlier this year, shows that older people living in areas with high availability of retail outlets and services are at a greater risk of depression than the rest of the population. Professor Osvaldo Almeida, from the WA Centre for Health and Ageing and an author of the study, says the availability of retail is often considered a factor that may enhance public health as it creates places for people to walk and socialise. "At first glance, it might seem strange that living in an area with shopping centres could negatively impact on the mental health of older men," he says. "However, these types of facilities often attract more strangers into a neighbourhood, increase traffic and may be seen as a place for young people, not a place where old men belong. The unfortunate consequence is that this may contribute to their social isolation and decreased activity, which in turn increases the risk of depression. "It would be an irony to realise that as our neighbourhoods get busier, the more isolated and vulnerable older people may feel."

The data from more than 5000 older men - including depression ratings and geographic locations - were analysed for this study: The Built Environment and Depression in Later Life: The Health in Men Study.

Bupa chief medical officer Dr Paul Bates says depression is common in older men but is treatable. Dr Bates says a lot of attention has been paid to social support and lifestyle, and their effects on the mental wellbeing of older men, but research into the impact of the broader environment in which they live has been quite limited. "This innovative study supported by the Bupa Health Foundation challenges us to carefully consider the potential health impacts when planning and designing the built environment in which our communities live," he says.

---

#### 4 Sydney doctors combat weight gain from anti-psychosis drugs

*This is an AM broadcast and the full transcript can be read at:*  
<http://www.abc.net.au/am/content/2012/s3405588.htm>

#### *Related information:*

Fighting illnesses that accompany the latest anti-psychotic drugs

Anti-psychotic drugs for treating serious mental illnesses such as bipolar disorder or schizophrenia, are effective and often life-saving, but come with unwelcome side effects. They dramatically increase weight as well as the incidence of metabolic disorders such as raised blood fats and Type 2 diabetes, say Sydney-based specialists. In fact, there are measurable effects within 3 to 6 months of starting treatment. The rapid decline in physical health is so clinically significant, and of such concern, that the specialists put together a physical health protection algorithm earlier this year, which they say should run in tandem with mental health treatment. It includes regular and specified measurement of tangibles – weight, waistline and blood chemistry – as well as counselling about lifestyle and diet.

<http://www.healthcanal.com/mental-health-behavior/25239-Fighting-illnesses-that-accompany-the-latest-anti-psychotic-drugs.html>

**Related story from SMH**

**Psychosis treatment makes light work of weighty side effects**

Author: Amy Corderoy HEALTH

Wed 11 Jan 2012

WHEN Julio De Le Torre awoke in hospital to be told he had suffered a psychotic episode and been diagnosed with bipolar disorder he was terrified. But then things were compounded further when the medication he needed brought with it a crushing side effect - within six months he had gained 20 kilograms. "It was a very, very dark moment in my life. It was like having a double illness, both physical and mental," he said.

But Mr De Le Torre, who was 21 and studying aerospace engineering at the University of NSW when he became sick two years ago, was lucky to have the help of a radical new treatment regime developed by doctors at the Early Psychosis Program at Bondi.

The regime, which has been implemented across the state and will soon run in Britain, could be a key to tackling the high number of patients who will die early deaths linked to weight-related problems. For Mr De Le Torre, it has meant a return to a healthy life. As well as losing the 20 kilograms in three months, he has managed to finish his degree and is pursuing a career in engineering. "I feel like a normal person now," he said.

About one in 200 Australians are treated for psychosis in any month, and it tends to hit people in their late teens or early adulthood. Modern antipsychotic drugs save lives but the side effects can include serious weight gain and metabolic problems, potential contributors to the 20 per cent reduction in life expectancy of people with psychosis. Someone with schizophrenia is 10 times more likely to die from cardiovascular disease than suicide, according to Jackie Curtis, the clinical leader at the Bondi centre. "Think of the amount of time we spend on suicide prevention and compare it to what we spend on this," she said. As well as providing exercise and diet advice, young patients can be given drug treatments such as the diabetes drug metformin or cholesterol-treating statins more commonly associated with much older people.

Dr Curtis believes in future psychiatrists might automatically prescribe metformin when they put patients on antipsychotics. "We know the first 12 months of treatment for a young person who was previously not exposed to the medications is the greatest period of weight gain," she said. "Imagine putting on 20kgs in that period of time." The program, outlined in the journal *Early Intervention in Psychiatry* this week, was developed by a team from the Bondi centre, the Garvan Institute of Medical Research, St Vincent's Hospital and the University of NSW. Dr Curtis said she hoped to do further research to identify whether it also improved the psychiatric outcomes of the participants.

---

**5 Inclusion board calls for job mentors**

**SUE DUNLEVY**

**The Australian**

Tue 10 Jan 2012

A NEW program using mentors to get the most disadvantaged unemployed out of bed and off to work every morning is being pushed by the federal government's Social Inclusion Board. The group has also advised the government that employment contractors should be paid only after a long-term

unemployed person has remained in a job for six months and then again at 12 months, according to board chairman Patricia Faulkner. "So you don't get paid to get someone into a job, you get paid to keep them in a job so that the person gets used to the work ethic and knows enough so they are valuable to keep on," Ms Faulkner said.

The social inclusion portfolio has been the subject of controversy since the new minister, Mark Butler, had difficulty explaining the term after being elevated to the cabinet in Julia Gillard's pre-Christmas ministerial reshuffle. The Coalition has vowed to axe the portfolio and the South Australian government has downgraded its social inclusion initiative, while Keating minister Gary Johns has described social inclusion as a "dead parrot". Ms Faulkner said she "had no idea" why the idea was being attacked but conceded "it's a difficult concept to get across". She agreed to an interview to explain the work of her board, which she said was about ensuring all Australians get a "fair go" at education, employment, health and other community services.

She said although Australians thought they lived in an equal society, 5 per cent of people suffered multiple disadvantages that included low income, mental health issues, domestic violence and child protection problems and a lack of education, skills and employment. "We are living in a society where most of us have seen great increases in prosperity in the past 20 years, and yet there are some people who have just missed out completely and their children will miss out, and their grandchildren will miss out," she said. Government services had to be "joined up" -- so instead of just getting a welfare payment, people could at the same time receive help with employment, housing, mental health and childcare, she said. Ms Faulkner said changing the Jobs Services Australia system was one such task because while the system worked well for most unemployed people, it had found only very temporary jobs for the most disadvantaged unemployed.

Long-term unemployed people often came from families where no one had ever worked, or they may have a mental illness and not have finished school and were hard to keep in employment, she said. "So having someone who supports them to stay employed, who mentors them, who makes sure, as a parent does -- you know, you get your 19-year-old up and say, 'Get out there and go to work', those sorts of things," she said.

The board is set to advise the government that an inquiry is needed into the adequacy of the Newstart Allowance. A number of the board's members believe the \$35-a-day allowance should be increased. Ms Faulkner said it was one of the "first things" she would be discussing with Mr Butler. Former Treasury chief Ken Henry called for the dole to be increased in his review of the tax system, and welfare groups have long claimed it was inadequate. Last week, outgoing Australian Industry Group head Heather Ridout and Business Council of Australia board member John Denton said the Newstart Allowance was so low it was acting as an incentive for people to claim a disability pension.

<http://www.theaustralian.com.au/national-affairs/industrial-relations/inclusion-board-calls-for-job-mentors/story-fn59noo3-1226240276726>

---

6 Fewer than one in ten people with schizophrenia show sustained improvement over 3 years

#### **From Mental Elf – UK**

This large prospective observational study followed 1,635 chronically ill patients with schizophrenia for a 3 year period. The aim was to identify the best baseline predictors of recovery. Sixty-two factors were assessed as possible prognostic variables, including patient-reported variables, clinician-rated variables and medical record based resource utilisation.

Here's what they found:

The likelihood of a sustained favourable long-term outcome was associated with:

- Being employed (OR 1.98, 95% CI 1.34 to 2.91)
- The ability to shop independently (OR 1.76, 95% CI 1.19 to 2.59)
- The ability to undertake independent leisure activities (OR 1.75, 95% CI 1.10 to 2.79)
- Experiencing clearer thoughts from medications (OR 1.21, 95% CI 1.04 to 1.40)
- Better quality of life (OR 1.64, 95% CI 1.32 to 2.03)
- Better global functioning (OR 1.04, 95% CI 1.02 to 1.06)
- More daily activities (OR 1.27, 95% CI 1.06 to 1.52)
- 

The likelihood of experiencing a sustained favourable long-term outcome was lower in:

- Those who had received individual therapy (OR 0.47, 95% CI 0.25 to 0.88)
- Or who had been a victim of crime (OR 0.38, 95% CI 0.17 to 0.85)

The authors concluded:

Only a small percentage of patients achieved sustained favourable long-term outcome in this study, suggesting there continues to be a great need for improvement in the treatment of schizophrenia. Findings suggest that clinicians could make early projections of health states and identify those patients more likely to achieve favourable long-term outcomes enabling early therapeutic interventions to enhance benefits for patients.

Cuyún Carter GB, Milton DR, Ascher-Svanum H, Faries DE. [Sustained favorable long-term outcome in the treatment of schizophrenia: a 3-year prospective observational study](#). BMC Psychiatry. 2011 Aug 26;11:143.

---

## 7 Federal government announces mental health reform

**Lanai Vasek**

**The Australian**

January 17, 2012 3:43PM

MENTALLY ill people will get more government help to find a job and stay in the workforce under a national 10-year roadmap for mental health reform released today. Mental Health Minister Mark Butler said undertaking paid work was "critical" to a person's recovery from ill mental health and the draft roadmap, endorsed by all state and territory governments, laid out a plan to make that a reality for sufferers. "Our roadmap recognises that good mental health is a whole-of-life issue and that non-clinical support is just important as the clinical support we provide," Mr Butler told The Australian Online. "Undertaking paid work and being able to participate in meaningful activity and make social connections can be critical to people's recovery from mental illness."

The 42-page draft roadmap is the result of a Council of Australian Governments agreement last August that tasked representatives from each state and territory to better focus the nation's mental health reform agenda. It outlines five key directions for the sector including promoting good mental health and preventing suicide, early detection and intervention, support for consumers and carers, increased participation in society and addressing service access gaps.

The roadmap stated short and long-term actions for employment assistance including increased funding for support services required after a period of hospitalisation, incentives for employers looking hire someone with a mental illness and stigma reduction activities in workplaces. According to the 2010 National Mental Health Report reduced productivity associated with mental illness in

the employed workforce costs the nation \$5.9 billion annually. Mental health advocates have been long calling for increased support for mentally-ill people to return to, or remain in, paid work but until now there has been no clear measurable goal committed to by the government.

Former Australian of The Year and mental health campaigner Patrick McGorry said while the roadmap was a good start the government needed to ensure it had the funding to back it up. "If you want to complete a journey as well as a roadmap you need modern sophisticated vehicles and you need fuel," Professor McGorry told The Australian Online. "You've got to have a guarantee that the tank, or finances, is filled up repeatedly. That's where I think the big threat to achieving this goal comes from."

The opposition's mental health spokeswoman Concetta Ferravanti-Wells questioned the timing of the draft roadmap's release. "The Gillard government claims to have mental health as a second term priority but it has released its 42-page draft version of its Roadmap and then given people only two weeks to comment," Senator Ferravanti-Wells said. "In case they had not noticed, many people are still on annual leave or preparing to return their children to school. Is this really a consultation period or a gesture to trick people into thinking they have had a say?"

### **The draft is open for public consultation until February 1.**

The 10 year roadmap:

**The Australian Government is seeking public opinion on the [draft Ten Year Roadmap for National Mental Health Reform \(PDF 2156 KB\)](#) (the Roadmap) via an [online survey](#).** The Roadmap is a key component of the Australian Government's *Delivering National Mental Health Reform Package* of the 2011-12 Budget, and the draft has been developed with states and territories, informed by input from mental health experts, including mental health consumers and carers. **The survey will be available from 16 January 2012 until 7pm AEDST 1 February 2012.**

<http://www.theaustralian.com.au/national-affairs/federal-government-announces-mental-health-reform/story-fn59niix-1226246532268>

---

## **8 A New Ten Year Plan for Mental Health**

Australians have been invited to help carve out the future of our mental health system with the release of the draft Ten-Year Roadmap for National Mental Health Reform for public consultation.

### **Media Release**

#### **The Hon Mark Butler MP and The Hon Jenny Macklin MP**

17 January 2012

Today the Minister for Mental Health and Ageing, Mark Butler, and the Minister for Families, Community Services and Indigenous Affairs and Minister for Disability Reform, Jenny Macklin, invited Australians to help carve out the future of our mental health system with the release of the draft Ten-Year Roadmap for National Mental Health Reform for public consultation. The Roadmap will provide governments, the community sector, workplaces and communities themselves with a measurable, long term national reform plan for mental health which will guide where we focus our attention and funding over the next 10 years and ensure our mental health system ranks as one of the world's best. "While we've taken great strides in how we view and treat mental illness, more needs to be done to provide a system that provides all the levels of care people living with mental illness need, available in the right place and at the right time," Mr Butler said. "We especially need to

target our efforts at those who are hard-to-reach and vulnerable, and stop them from falling between the cracks and from being shunted from one service to another. "We also need to work harder to break down the stigma, discrimination and misunderstanding that often surrounds mental illness."

The Roadmap will identify the most important directions and actions that need to be undertaken to achieve this vision over the next ten years. Ms Macklin said the Roadmap would complement the Government's progress towards a National Disability Insurance Scheme. "We're taking big steps to help improve the lives of people with mental illness. As a Labour Government we are committed to making sure that no Australian is left behind, and that everyone has the opportunity to reach their potential," Ms Macklin said. The community will be able to provide their comments on the Roadmap through a new online tool available from today. "COAG agreed to develop the Roadmap in 2011 and the Australian Government, States and Territories have been working hard alongside mental health experts and consumer and carer representatives to develop this draft," Mr Butler said. "We want to get this Roadmap right and we want the community to be involved in the process which is why we are making it available for public comment. "The public comments will be used to help finalise the roadmap for COAG to consider in early 2012."

The online survey tool is an open form of consultation to help gather the broadest range of feedback on the draft roadmap. It will be available from today until 1 February 2012 on the mental health page of the Department of Health and Ageing website – [www.health.gov.au/mentalhealth](http://www.health.gov.au/mentalhealth). The Gillard labour Government has committed to a record investment of \$2.2 billion over five years to build a better mental health system – a system that will work better for consumers, their families, carers and health practitioners alike.

Media contact:

Minister Butler's Office: 02 6277 7280

Minister Macklin: Keely Bell, 0417 297 157

---

## 9 Mental health plan 'too vague' to be of use

**Adam Cresswell, Health editor**

**The Australian**

January 18, 2012 12:00AM

MENTAL health experts have delivered a mixed assessment of the federal government's new 10-year plan for mental health services, with many suggesting it contains too few specific goals and targets to be useful. The 42-page document, released for public comment yesterday by Mental Health and Ageing Minister Mark Butler and Families Minister Jenny Macklin, sets out overarching objectives, such as a greater emphasis on early detection and treatment and increased support for mental health patients to participate in society. But it mostly avoids setting specific targets to be reached by a given date, or suggesting how its outcomes should be achieved.

Mental Health Council of Australia chief executive Frank Quinlan said the peak body was "absolutely committed to the idea of a roadmap", but the document -- now in its fourth version -- could be seen only as "a start". He said identifiable and clear targets were needed. "This roadmap begins that process, but there needs to be a lot more work that brings together governments and the sector to make sure this plan lives and breathes," he said. Former Australian of the Year and early intervention advocate Patrick McGorry said the roadmap was an improvement on its earlier versions. John Mendoza, who quit as chairman of the federal government's National Advisory Council on Mental Health in 2010 in protest at what he considered the neglect of mental health policy, said there had



been two national mental health policies, four national plans and many more strategies over the past 20 years -- all of which were "unable to address the mental health needs of generations of Australians". "What makes this different?" Professor Mendoza asked.

A spokeswoman for Mr Butler said: "Building a world-class mental health system takes time, sustained focus and sustained investment, which is why our roadmap is so important -- it outlines what we intend to do over the long term and how we'll get there."

<http://www.theaustralian.com.au/national-affairs/health/mental-health-plan-too-vague-to-be-of-use/story-fn59nokw-1226246801953>

---

## 10 Report highlights level of stigma from health professionals

A study by the Mental Health Council of Australia (MHCA) has revealed that the levels of stigma experienced by mental health consumers seeking treatment from mental health and other health professionals are similar to the levels of stigma reported in the general population. *Consumer and Carer Experiences of Stigma from Mental Health and Other Health Professionals* identified the scope and nature of stigma experienced by mental health consumers seeking treatment from mental health and other health professionals. This revealing and groundbreaking research shows that the views held by health professionals providing mental health services may not differ to those of the wider community. While it may seem unthinkable that health professionals would stigmatise Australians with a physical condition such as cancer or a heart condition, mental health consumers often encounter stigmatising attitudes from health professionals. This stigma is likely to have a profoundly negative effect on consumers, limiting treatment and recovery.

The Mental Health Council of Australia report shows the results of a quantitative and qualitative survey of stigma and discrimination as experienced by Australian mental health consumers who have sought help from health professionals and as it is perceived by their carers. The report finds that many consumers are subjected to stigmatising attitudes from various health professionals. Some of the key findings show that:

- across diagnostic categories, almost 29% of consumers reported that their treating health professional had shunned them;
- these figures rose to over 54% and 57% for consumers with post-traumatic stress disorder and borderline personality disorder respectively;
- over 34% of consumers had been advised by their health professional to lower their expectations for accomplishment in life; and
- over 44% of consumers agreed that health professionals treating them for a physical disorder behaved differently when they discovered their history of a mental illness.

As Kathleen Griffiths, the Director of Depression and Anxiety Consumer Research unit and the ANU said of this report: "This level of stigma is dangerous and unacceptable."

"The MHCA is calling on all health professions to examine their approach to mental illness and ensure people experiencing mental illness and their carers receive the same level of non-judgemental care and concern as people with any other health condition," said Frank Quinlan, CEO of the Mental Health Council of Australia. "The attitudes of health care providers can have a direct impact on the recovery and resilience of people experiencing mental illness and these results suggest we have a long way to go," Mr Quinlan said.

For a copy of *Consumer and Carer Experiences of Stigma from Mental Health and Other Health Professionals* go to [www.mhca.org.au](http://www.mhca.org.au) or contact the MHCA.

---

Ongoing - Mental Health Carers Forum

If you are a carer and would like to talk with other mental health carers about issues of concern to you please complete the form at: <http://www.mhca.org.au/carerform/index.php>

---

*The email is sent every week and contains items which may interest mental health consumers, carers and service providers and which otherwise they may not be able to access Thank you for subscribing to this MH email if you wish to unsubscribe please contact [Linda.Rosie@MHCA.org.au](mailto:Linda.Rosie@MHCA.org.au) Linda Rosie*  
Carer Engagement Project Manager Mental Health Council of Australia  
Tel (02) 6285 3100  
Tel (02) 6285 0810 (direct)  
[www.mhca.org.au](http://www.mhca.org.au) *Office days Tue, Wed, Thur*



This message is intended for the addressee and may contain confidential information. If you are not the intended recipient, please delete this message and notify the sender. Views expressed are those of the individual sender, and are not necessarily the views of the Mental Health Council of Australia.