Mental Health Council of Australia

WEEKLY BULLETIN

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BULLETIN NO. 10, 2012

Hi everyone,

This issue of the bulletin has more local news and information than usual which is great to see. I generally start my searches looking for Australian material before widening the net, and this week there was so much happening in our own backyard that I didn't really get to include much material from abroad.

This will be my last Bulletin as I am extremely happy to report that we have appointed Kim Harris as the new Carer and Consumer Project Officer to work on the Carer Engagement Project. Some of you will already know Kim as she has long been providing executive support to the National Mental Health Consumer and Carer Forum and the National Register. She brings with her a wealth of knowledge and experience and no doubt she will put her own spin on the Bulletin and will undoubtedly be able to step straight into the very big shoes left by Linda. I have included her contact details at the bottom of the Bulletin so that you can contact her directly.

Many thanks for tuning in to the Bulletin since I have being 'carrying' it and I hope that I was able to provide you with interesting and informative articles and other bits of information that could relate to both your work and/or personal lives.

I have actually resigned from the MHCA, effective 30 April as I will be heading up an Indigenous homelessness project in Kununurra WA. It will be an interesting and challenging role and I look forward to being able to make some positive changes and inroads into this extremely serious problem.

Kind regards,

Rachelle

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1. New COPMI initiative for Dads

Children of Parents with a Mental Illness

Do you support people with mental illness?

Does their illness impact on their children?

COPMI has created a suite of materials for dads who have (or their partner has) a mental illness to help them with their parenting. As men are often overlooked when it comes to parenting, this information speaks directly to 'dad'. His input and influence in his child's life shouldn't be underestimated.

The information

Web pages, online videos and information sheets with practical information, tips and stories under six themes have been produced to help dads be their best for their children.

- Parenting: Being a dad
- Understanding and managing mental illness
- Looking after your emotional wellbeing
- Looking after your physical wellbeing
- Partners in parenting
- Finding support

Developed and tested with consumers, carers and health professionals this information will soon be available on our redesigned website. These materials were produced with funding

from the Australian Government and will be launched by the Minister for Mental Health and Ageing, the Hon Mark Butler MP mid April.

The campaign pack

To order this information email COPMI with your post details and you'll be send a pack including:

- Poster for work settings
- 25 x wallet cards to lead dads to the website
- 25 x 6 themed information sheets
- Mouse mat with tips for talking to patients/clients about parenting

www.copmi.net.au

2. Australian Government mental health and well being website

This website does not provide crisis services or medical advice. It will help you to find information on the Australian Government's role and contributions to mental health reform activities in Australia. The site is maintained by the Australian Government agencies with responsibility for implementing these reforms:

- Department of Health and Ageing (DoHA)
- Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA)
- Department of Education, Employment and Workplace Relations (DEEWR)
- Department of Veterans' Affairs (DVA)

General Information

- National Health Reform
- Facts and Figures
- Australian Government Departments implementing mental health reform
- Working in Mental Health in the Australian Government

The website also includes information about various Programs and Initiatives, COAG, Policy, Publications and other Useful Links.

http://www.health.gov.au/internet/mentalhealth/Publishing.nsf/Content/Home-1

3. FESTofALL Young Carers, Together

Young Carer events

FESTofALL is a series of events being held on 24 June 2012 to bring Australia's young carers together. Free and open to all young carers and their support networks, the events will feature music, comedy and other entertainment in all states and territories.

Young carers are people aged up to 25 years, who provide regular and sustained care and assistance to another person without payment. Across Australia there are approximately 380,000 children and young people who help care for someone with an illness, disability, mental health issue or are in need of support because they are frail.

FESTofALL will attract Australia's brightest music and comedic talent to celebrate and recognise the role of young carers. Each event is free, open to young carers aged 5 to 25 and aims to be a day of youthful fun.

Remember you must register to attend, and if you are under 18 and attending without a parent or guardian, you will need written consent.

Events will take place in Sydney, Melbourne, Gold Coast, Canberra, Perth, Darwin and Hobart with talent and entertainment to be announced in coming months.

For more information and to register for FESTofALL visit www.festofall.com.au and joint the conversation at fb.com/FESTofALL2012 and @FESTofALL.

4. People with mental illness face difficulty getting insurance

ABC Radio PM Program

Timothy McDonald

3 April 2012

The Mental Health Council of Australia says people with diagnosed mental illnesses routinely face discrimination when they attempt to buy insurance or make a claim. The council recently released a report which found that people with a diagnosed mental illness often can't get insurance at all, or face higher premiums or exclusions if they do.

This interview was conducted by reporter Timothy McDonald and included experiences and commentary from mental health consumer Lucy Lester, Financial Services CEO John Brogden and myself.

http://www.abc.net.au/news/2012-04-03/insurers-discriminating-against-mentally-ill2c-council-says/3930834/?site=melbourne

5. Implementation of mental health service recommendations in England and Wales and suicide rates, 1997—2006: a cross-sectional and before-and-after observational study

While et al

The Lancet

Volume 379, number 9820

Background

Research investigating which aspects of mental health service provision are most effective in prevention of suicide is scarce. We aimed to examine the uptake of key mental health service recommendations over time and to investigate the association between their implementation and suicide rates.

Methods

We did a descriptive, cross-sectional, and before-and-after analysis of national suicide data in England and Wales. We collected data for individuals who died by suicide between 1997 and 2006 who were in contact with mental health services in the 12 months before death. Data were obtained as part of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. When denominator data were missing, we used information from the Mental Health Minimum Data Set. We compared suicide rates for services implementing most of the recommendations with those implementing fewer recommendations and examined rates before and after implementation. We stratified results for level of socioeconomic deprivation and size of service provider.

Findings

The average number of recommendations implemented increased from 0·3 per service in 1998 to 7·2 in 2006. Implementation of recommendations was associated with lower suicide rates in both cross-sectional and before-and-after analyses. The provision of 24 h crisis care was associated with the biggest fall in suicide rates: from 11·44 per 10 000 patient contacts per year (95% CI 11·12—11·77) before to 9·32 (8·99—9·67) after (p<0·0001). Local policies on patients with dual diagnosis (10·55; 10·23—10·89 before *vs* 9·61; 9·18—10·05 after, p=0·0007) and multidisciplinary review after suicide (11·59; 11·31—11·88 before *vs* 10·48; 10·13—10·84 after, p<0·0001) were also associated with falling rates. Services that did not implement recommendations had little reduction in suicide. The biggest falls in suicide seemed to be in services with the most deprived catchment areas (incidence rate ratio 0·90; 95% CI 0·88—0·92) and the most patients (0·86; 0·84—0·88).

Interpretation

Our findings suggest that aspects of provision of mental health services can affect suicide rates in clinical populations. Investigation of the relation between new initiatives and suicide could help to inform future suicide prevention efforts and improve safety for patients receiving mental health care.

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)61712-1/fulltext

6. Youth mental health system 'has weaknesses' – PM

Nzherald.co.nz

Adam Bennett

4 April 2012

The Government is to invest $62 million in new initiatives and also into existing programmes to address youth mental health issues, including New Zealand's high youth suicide rate, Prime Minister John Key has announced.

Speaking to the University Youth Health & Wellbeing Symposium in Wellington this morning, Mr Key said New Zealand's youth mental health system had many strengths, including a dedicated workforce that was doing some great and innovative work, "but it also has weaknesses".

"It is not as well linked together as it could be and there are gaps that we have a responsibility to fill."

Mr Key had personally driven a project across government to improve youth mental health services, work which came out of a report last year from science adviser Sir Peter Gluckman, which highlighted the risks facing young New Zealanders.

In response, the Government had now formulated a package of new initiatives which "draws together a number of different strands of government activity, and also calls on the private sector to give our young people a helping hand".

The package would work across schools, the online environment, in families and communities and in the health system.

Components included $18.6 million over the next four years to put more nurses, and specially trained youth workers, into low decile secondary schools across the country and a further $12 million to expand the Positive Behaviour School-Wide programme into all secondary schools.

Furthermore, government agencies were to overhaul the mental health-related resources they produced to ensure they were "youth-friendly and technologically up to date".

That will include investigation of technology, such as Facebook and online pop-ups, to reach young people and $2.7 million investment to provide E-therapy specifically tailored for young people.

E-therapy is computer-administered therapy which can be carried out at home.

"It has been shown to be an effective treatment option and it offers real potential to reach isolated young people with mental health issues."

The Government would also set up a new Social Media Innovations Fund to support providers of youth services to better use social media to help young people with mental health problems.

Mr Key also announced an additional $11.3 million for the primary mental health care budget and an expansion of the group that money could be used for.

"That means more young people will benefit."

Meanwhile, in recognition of the role families could play in helping mentally ill young people, Mr Key said a new Whanau Ora initiative would be tested.

"Maori and Pacific youth have higher rates of mental illness and the services available aren't always working well for these groups. So we are going to try something new."

Two Whanau Ora providers with mental health expertise will be contracted to work intensively with 40 Maori and Pacific 12-19 year olds and their whanau or aiga over a two-year period.

"By doing this, we can see whether Whanau Ora's focus on a whole family rather than an individual delivers better results for Maori and Pacific kids with mental illness."

Mr Key said the package built on existing programmes and would try new approaches.

"It addresses gaps in the system and modernises the way we reach young people. It increases funding for youth mental illness and tackles the problem on a wide variety of fronts. Most of all, it sends a strong message to young New Zealanders: We value you and we will help you to succeed."

http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=10796661

7. Rats, rewards and mental illness

The Conversation

Craig Motbey

2 April 2012

Many forms of mental illness can affect our moods. But that isn't all they do: they can also damage our willpower. Problems such as depression, post-traumatic stress disorder, attention-deficit hyperactivity disorder and some forms of brain injury are known to have an effect on motivation and the ability to summon mental effort.

Researchers often investigate these conditions using tests that tweak the level of mental effort involved. They might present their subjects with a choice between two tasks, one of which is mentally strenuous but highly rewarding while the other is less rewarding but easier.

Tests of this sort allow us to investigate potential treatments for these motivation-impairing disorders.

But if you really want to get into the basic neural mechanisms, at some point you need to get a brain out of its skull and under the microscope. As most people tend to object to the idea of having their brain extracted, this sort of research is normally conducted with non-human animals.

But this presents a difficulty: how do you test motivation or mental effort in a rat?

Historically, researchers have dodged this issue by substituting physical effort instead. They may give a rat the choice of two different paths through a maze, only one of which requires clambering over obstacles. But is this physical-effort-based task really an appropriate match for the mental-effort-based tasks used with humans?

Paul Cocker of the University of British Columbia didn't think so. In recently published research, Cocker and his colleagues present a new approach that they believe provides a better equivalent to the tests used with humans.

Rats were trained on an original "cognitive effort task". First, the rat needed to choose between a hard or easy task, by pressing one of two levers. If they chose the hard task, a light inside one of many nosepoke ports would flash on very briefly (just one-fifth of a second). If they chose the easy task, the signal light would remain illuminated for much longer (a full second).

In each case, if the rat stuck his nose into the appropriate nosepoke port within five seconds of the light coming on, it would be rewarded with a sugar pellet.

But while the easy task was rewarded with one sugar pellet, the hard task earned two. The idea is that the rat would need to concentrate more intently to follow the hard signal than would be the case with the easy signal.

There are a few potential criticisms of this task. If the rats were less accurate at choosing the appropriate nosepoke port in the hard task, they may end up choosing the easier task because it is a more reliable way of getting the tasty treats, rather than because it requires less cognitive effort.

Twice the payout isn't very appealing if it's delivered less than half of the time. But Cocker and colleagues did a thorough job of foreseeing and countering these objections, with a variety of clever controls and comparisons.

One of these bits of cleverness was the use of a set of "yoked" (joined together) control animals. These rats were given a "super-easy" task: their signal lights stayed on for however

long it took for the animal to stick his nose into one of the ports, regardless of whether they were going for the high- or low-reward version of the test.

Instead of being rewarded with sugar pellets every time they stuck their noses into the appropriate spot, these rats were only rewarded some of the time.

This is where the "yoke" comes in: each of the yoked control animals was matched with one of the rats getting the normal version of the test, and their reward probabilities were determined by the success rate of their partner from the main group.

So, if the main group rat only chose the correct nosepoke port 80% of the time, his yoked control partner would only have his correct responses rewarded 80% of the time.

In this way, the experimenters teased apart the two meanings of "difficulty": the "how much effort does this require?" meaning and the "how likely am I to succeed?" meaning.

In the normal group, the rat's responses could have been driven by either factor. In the yoked control group, the "effort" component was removed, leaving just the "chance of success" part.

Examining the behaviour of the yoked control animals allowed the researchers to argue that the main group really was being driven by "effort" rather than "chance of success".

So how does this get put to use? While the major focus of Cocker and colleagues' paper is on explaining and justifying their new testing method, they also demonstrate some potential applications.

One thing they did was to dose their critters with various levels of alcohol, caffeine or amphetamine in order to see what effect this might have on their preferences for the high-effort/high-reward task versus the low-effort/low-reward task.

Without the drugs, rats tended to prefer the high-effort/high-reward option, and each rat tended to be consistent in its preference. Rats that strongly preferred the hard task on one day also tended to prefer the hard task on the next day.

With the drugs, if you looked at all of the rats together, things stayed pretty much the same. But if you split the rats into two groups based on how strong their preference for the hard task was, some interesting things appeared.

Under the influence of amphetamine, the rats with a strong preference for the hard task ("workers") started edging more towards the easy task. But the rats that had previously not had a strong preference for the hard task ("slackers") began behaving more like the "workers".

With caffeine, there was a similar increase in the "slacker-ness" of the "workers", but no increase in the "worker-ness" of the "slackers".

This tells us a few things: these drugs can have different effects on different individuals, and the effects they have can be shaped by the underlying traits of the individuals involved.

This may sound obvious to anyone who's seen the exact same quantity of beer transform one person into the life of the party and another into an obnoxious thug, but it's still a fairly new thing to demonstrate in a rat.

As mentioned above, having ratty models of these features of the mind allows us to experiment in ways that would not be acceptable in humans: molecular-scale analysis of the mechanisms driving these behaviours, and early testing of cutting-edge treatments.

These hard working rats may be the first step on a long road towards a better understanding of a range of psychological problems.

http://theconversation.edu.au/rats-rewards-and-mental-illness-6151

8. SANE Australia Survey: Parenting and mental illness

SANE Australia

A new SANE Australia study is investigating the challenges of being a parent of a school-age child, when you have a mental illness.

Produced in consultation with Children of Parents with a Metal Illness (COPMI), the online survey investigates parents' concerns and seeks ideas for how services can be improved.

Results from this confidential study will be published in a special SANE Research Bulletin later this year, to lobby for improved understanding and support for families where a parent is living with a mental illness.

Take the SANE Australia Survey: Parenting and mental illness by clicking on this link: https://www.surveymonkey.com/s/saneparentingsurvey

9. No more silence: mental illness should be talked about

RampUp: Disability, discussion and debate

Glenn Mitchell

28 March 2012

We must let go of the stigma and stereotype surrounding mental illness and suicide, writes Glenn Mitchell.

Since my life fell apart in the middle of last year due to a breakdown that resulted in me resigning my sports broadcasting position at the ABC after 21 wonderful years and a

subsequent attempt on my own life, I have been on a steep learning curve as I endeavour to discover more about mental illness and suicide prevention.

I have always been a man who has loved statistics but the two most alarming I have ever come across are ones that I have only just discovered in recent months.

Believe it or not, in a wonderful country like Australia with all it has to offer, the greatest killer of males under the age of 44 is suicide. That's right, more men in that demographic die by their own hand as opposed to any other fashion each year.

Allied to that damning statistic is yet another one - throughout Australia each year, more people die by suicide than from the aggregated road tolls across every state and territory in the country.

And when you consider that there are a number of car accidents that each year are considered to be possible suicides, yet are recorded as simply a road fatality, the gap between the two may be somewhat greater.

In so many ways, suicide is the silent killer in our society. Silent in the fact that it is not really spoken about, even now in the 21st century.

While there are many different causes and triggers for suicide, depression is more often than not associated with someone taking or attempting to take their own life.

The stats that are put forward by the medical fraternity would indicate that around 20 per cent of people in Australia will be affected by depression at some point in their lifetime and 6 per cent will actually experience a major depressive illness - in today's terms that equates to 4.5 million and 1.4 million people respectively.

When you look at it in those sorts of terms the numbers are truly staggering and alarming, especially when you consider the hundreds of millions of dollars that have been spent on road safety awareness as opposed to the issue of mental illness and depression.

Unfortunately, in many people's eyes there is still a stigma attached to mental health, although over time, and with better education, it is slowly changing. Australian males are certainly at the head of the queue when it comes to failing to talk about such subjects. The old "she'll be right attitude" is still very prevalent in our society.

While women are more likely to express their emotions and concerns with a girlfriend over a coffee, men are more likely to either try and ignore the situation or believe that it will rectify itself. Often, both those approaches are fraught with danger.

It is time that we, as a society, realised and accepted that there is nothing to be ashamed or embarrassed about with regard to mental illness.

I decided to go public about my condition late last year in the hope that it may encourage some other people to take that first step and seek professional help.

Shortly after featuring in a newspaper article and a television current affairs piece, my wife and I took our young son to the Perth Royal Show.

The reaction to what I had done from total strangers was quite astounding. Many people I had never met came up to me that night to express their support and encouragement for my rehabilitation.

But what struck me most of all were the first few words that came out of their mouths. Without fail, they either said "you were very courageous" or "you were very brave" to have spoken so publicly about your condition.

I later reflected on those opening words and it indicated to me that we still have a significant way to go before mental illness is embraced within society like most other physical complaints.

Had my media appearances chronicled a battle with cancer or some other serious disease, I doubt people would have come forward and called me brave or courageous. I would think that the most common opening words might have been along the lines of "sorry to hear about your illness" or "mate, all the best".

But when it comes to admitting a mental illness people automatically seem to view one's public admission as an act of bravery or courage.

The question in the 21st century is why?

With regard to my own particular illness - bipolar type 2, which was finally diagnosed in early September last year - I am required to take medication for the rest of my life.

So too, are those who are afflicted by illnesses such as diabetes or asthma.

Each requires the intervention and vigilant use of medication to help maintain the individual's wellbeing.

Yet, if you were to ask a group of 100 people in a room to raise their hands if they suffer from diabetes or asthma you would probably see a 100 per cent response rate from those who were affected by those illnesses.

But try asking the same question about mental illness, and believe me I have done during many of my community talks around Western Australia for the suicide awareness and prevention agency, One Life. Without fail, I see a very small number of raised hands when compared to the medical fraternity's statistics that indicate the breadth of mental illness in our society.

And again, we have to ask why?

In 2012, it is high time to let go of the stigma and stereotype. Mental illness should be looked upon by all of us in the same light that we view asthma, diabetes, cancer or any other medical condition.

Shame or embarrassment should not be a determining factor in one seeking help.

There is nothing to hide. There is no need for shame. It is not a case of being brave. It is merely a matter of facing, tackling and talking about mental illness as you would any other disease. If as a society we could manage to achieve that we would be living in a far better place.

In 2011, Australia recorded the lowest number of road deaths since 1946, down about a third on the deaths recorded at the peak in 1970. Over the past 10 years annual fatalities have fallen by almost 26 per cent despite the vast increase in drivers and vehicles in the past four decades.

There are no doubt myriad reasons for the reduction in road fatalities. One of the main contributing factors is the view now taken on drink driving. While some still take their chances behind the wheel when over the limit, far fewer do now than in the 1970s and 80s.

Much of that has come about simply through the community keeping an eye out for each other. Mates offering to drive each other home if they have had too many; the appointing of a skipper; or more socially aware and moral bartenders and publicans have all helped to greatly reduce the carnage on our roads.

It is incumbent on us as a society to keep a similarly watchful eye out for our mates with regard to depression and mental illness. If we notice a change in a friend, loved one or colleague's personality or mindset it is up to us to ask why.

Find out what it is that is affecting their personality. Lend a shoulder or an ear. Often people in such a situation simply need someone who cares. If each of us can try to be that person we WILL reduce the effect of suicide in our community.

It is up to each and every one of us to try and make a difference to reduce the stigma associated with mental illness.

Shame and embarrassment should become a thing of the past.

Only we as a society can truly affect that change.

If you are struggling with depression or anxiety, you can get help from Beyond Blue. Go to beyond.org.au or call 1300 22 4636.

If you or someone you know is thinking about suicide, call Lifeline on 13 11 14.

http://www.abc.net.au/rampup/articles/2012/03/28/3465709.htm

10.Mental health first aid for youth training project

ACT

As part of Youth Week, Ben Matthews Training with the cooperation of the Mental Health Community Coalition Is Holding a Mental Health First Aid for Youth training project. This project is being funded by Beyond Blue and is to provide a training opportunity to young people who are engaged in some way with community services in the ACT.

There are still places available for community organisations to nominate individuals to attend this training.

The project is to provide Mental Health First Aid for youth Training for 20 young people in the ACT. The project is auspiced by the Mental Health Community Coalition.

The main criteria are that the participants are aged between 18-25 years old and are able to complete the 3 days training. The purpose is to provide a training opportunity to people that would not otherwise have the opportunity to get this certificate, to raise awareness and knowledge of Mental Illness, and provide young people with real skills to deal with mental illness crisis and support. (Young people who volunteer or have peer role modelling qualities are highly encouraged).

The training will take place at the Griffin centre on the 17/18/19 of April , 9.30 - 4.00 we have a great room with all catering etc. provided . Mental Illness Education ACT Community Educator's will also be giving personal stories of Mental illness Experience throughout the days.

If you are interested please email Ben Matthews (matthewsben@live.com) and reserve any places you might be wanting. Places are limited as this is a second round offer and will be filled on a first come basis
www.mhfa.com

Ongoing - Mental Health Carers Forum

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

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

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