



Mental Health  
Council of Australia

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# WEEKLY BULLETIN

No. 12 2012

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# BULLETIN NO. 12, 2012

Hi all,

Thank you to everyone who provided feedback on my first Bulletin, it was greatly appreciated.

I received a request for the link to the DoHA grants to deliver telephone counselling, self-help and web-based programs. Please find link below for your information:

[http://www.health.gov.au/internet/main/publishing.nsf/Content/4764F4E4A4564656CA2579D300828149/\\$File/guide2.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/4764F4E4A4564656CA2579D300828149/$File/guide2.pdf)

This month the World Happiness Report, published by The Earth Institute, was released at a United Nations conference. The report placed Australia in ninth position. The mental health section commences on page 74.

PS. Please note that the Bulletin is actually emailed out by Simon Tatz, but the best way to contact me about the Bulletin is by email: [kim.harris@mhca.org.au](mailto:kim.harris@mhca.org.au)

Thanks,

Kim

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## 1. First world happiness report launched at the united nations

United Nations Conference on Happiness (mandated by the UN General Assembly)

2 April 2012



The happiest countries in the world are all in Northern Europe (Denmark, Norway, Finland, and Netherlands). Their average life evaluation score is 7.6 on a 0-to-10 scale. The least happy countries are all poor countries in Sub-Saharan Africa (Togo, Benin, Central African Republic, Sierra Leone) with average life evaluation scores of 3.4. But it is not just wealth that makes people happy: Political freedom, strong social networks and an absence of corruption are together more important than income in explaining well-being differences between the top and bottom countries. At the individual level, good mental and physical health, someone to count on, job security and stable families are crucial.

These are among the findings of the first ever World Happiness Report, commissioned for the April 2nd United Nations Conference on Happiness (mandated by the UN General Assembly). The report, published by the Earth Institute and co-edited by the institute's director, Jeffrey Sachs, reflects a new worldwide demand for more attention to happiness and absence of misery as criteria for government policy. It reviews the state of happiness in the world today and shows how the new science of happiness explains personal and national variations in happiness.

The report shows that, where happiness is measured by how happy people are with their lives:

- Happier countries tend to be richer countries. But more important for happiness than income are social factors like the strength of social support, the absence of corruption and the degree of personal freedom.
- Over time as living standards have risen, happiness has increased in some countries, but not in others (like for example, the United States). On average, the world has become a little happier in the last 30 years (by 0.14 times the standard deviation of happiness around the world).
- Unemployment causes as much unhappiness as bereavement or separation. .At work, job security and good relationships do more for job satisfaction than high pay and convenient hours.



- Behaving well makes people happier.
- Mental health is the biggest single factor affecting happiness in any country. Yet only a quarter of mentally ill people get treatment for their condition in advanced countries and fewer in poorer countries.
- Stable family life and enduring marriages are important for the happiness of parents and children.
- In advanced countries, women are happier than men, while the position in poorer countries is mixed.
- Happiness is lowest in middle age.

[View World Happiness Report](#)

## 2. Researchers ID genes that may determine mental illness

**Genetic links to brain size, intelligence also examined in study**

**University of California - USA**

15 April 2012

Genes that increase or reduce the risk of certain mental illnesses and Alzheimer's disease have been identified by an international team of scientists.

The researchers said they also pinpointed a number of genes that may explain individual differences in brain size and intelligence.

"We searched for two things in this study," senior author Paul Thompson, a professor of neurology at the University of California, Los Angeles David Geffen School of Medicine and a member of UCLA's Laboratory of Neuro Imaging, said in a university news release.

"We hunted for genes that increase your risk for a single disease that your children can inherit. We also looked for factors that cause tissue atrophy and reduce brain size, which is a biological marker for hereditary disorders like schizophrenia, bipolar disorder, depression, Alzheimer's disease and dementia," he explained.

The researchers said this was the largest-ever brain study to date, according to the release.

The team of more than 200 scientists at 100 institutions worldwide measured the size of the brain and its memory centers in thousands of MRI images from more than 21,100 healthy people and screened the participants' DNA at the same time.

In people with smaller brains, the researchers found a consistent relationship between subtle differences in the genetic code and smaller memory centers. They also found that the same genes affected the brain in the same ways in people in different populations.

The findings may provide new potential targets for drug development.





"Millions of people carry variations in their DNA that help boost or lower their brains' susceptibility to a vast range of diseases," Thompson said. "Once we identify the gene, we can target it with a drug to reduce the risk of disease. People also can take preventive steps through exercise, diet and mental stimulation to erase the effects of a bad gene."

The researchers also found that a variant in a gene called HMGA2 may affect brain size and intelligence.

"We found fairly unequivocal proof supporting a genetic link to brain function and intelligence. For the first time, we have watertight evidence of how these genes affect the brain. This supplies us with new leads on how to mediate their impact," Thompson said.

The study was published online April 15 in the journal Nature Genetics.

Searching for clues to disorders such as autism and schizophrenia, the researchers also plan to look for genes that influence brain wiring. For that task, Thompson said they will use diffusion imaging, a new type of brain scan that tracks communication pathways among brain cells.

<http://health.usnews.com/health-news/news/articles/2012/04/15/researchers-id-genes-that-may-determine-mental-illness>

### **3. COAG Moves on Major Not for Profit Issues**

17 April 2012

The Council of Australian Governments (COAG) has moved on a number of major issues affecting the Not for Profit sector in the areas of Sector reform as well as a national approach to mental health care.

In the area of reform, COAG has agreed to the terms of reference, work plan and initial milestones for a new Not for Profit Reform Working Group.

Prime Minister Gillard said in a statement that the working group will develop and recommend options for reform of the sector and help progress the Government's Not for Profit reform agenda.

She said the Government has also committed to working with the States and Territories on an effective national approach to Not for Profit regulation.

The Gillard Government says it has already taken steps to strengthen the sector including the establishment of the Australian Charities and Not-for-profits Commission (ACNC) and the development of a statutory definition of charity.



In February the Federal Government announced the membership and terms of reference of a new working group to consider the support currently provided through tax concessions to the Not for Profit sector. These included concessions for income tax, fringe benefits tax and goods and services tax, and also deductible gift recipient status.

The COAG also agreed to a National Partnership Agreement to help improve the care and support provided to people living with severe and persistent mental illness and complex care needs.

The Gillard Government told the States it will provide \$200 million to help address gaps in state and territory mental health systems.

The Federal Government says this funding is in addition \$2.2 billion mental health package announced in this year's Federal Budget.

It says the signing of the National Partnership will mean more services and better support for people with a mental illness who frequently present at emergency departments.

Under the National Partnership, Commonwealth funding is being provided for the following projects:

**Australian Capital Territory** will be provided with \$2.8 million for the adult mental health step-up step-down early intervention support program and the supported accommodation outreach project targeting men with serious mental illness and recent experience of involuntary institutional care.

**New South Wales** will be provided with \$57.6 million for three projects: the housing and accommodation support initiative plus; in-reach support boarding house residents with mental health issues; and, the mothers with mental illness and their children: mental health community support program which includes intensive, family focussed support to mothers with mental illness and their children.

**Northern Territory** will be provided with \$3.6 million to increase accommodation and support for people with severe and persistent mental illness in Alice Springs and Darwin.

**Queensland** will be provided with \$51.5 million for the supported recovery – coordinated accommodation and support project which includes long-term social housing and support services.

**South Australia** will be provided with \$14.2 million to expand the assessment and crisis intervention service teams and develop a community walk in centre, which will enable people to present to a mental health clinician in a community location, rather than a GP or emergency department.

**Tasmania** will be provided with \$6.6 million to provide packages of care for people with severe and persistent mental illness, including individualised and intensive support to access and maintain accommodation, education and employment support.



**Victoria** will be provided with \$37.3 million for four projects: mental health outreach support and care coordination to people experiencing homelessness as a result of enduring mental illness; mental health support for secure tenancies enabling people with severe mental illness to maintain accommodation; psychiatric assessment and planning units; and a mental health hospital admission risk program pilot which will focus on providing short term coordination of mental health services.

**Western Australia** will be provided with \$26.1 million for individualised community living packages and the expansion of community intervention services that respond to the needs of children and their families.

<http://www.probonoaustralia.com.au/news/2012/04/coag-moves-major-not-profit-issues>

#### **4. Acts of Recovery**

**Author: Professor Karatzias**

**Scottish Recovery Network (Scotland)**

14 April 2012

Edinburgh Napier University have published a new aid for people who have experienced childhood sexual abuse.

Acts of recovery – moving on from childhood abuse is based on interviews of adult survivors of childhood sexual abuse and brings together multiple accounts of coping with the effects of the abuse and recovery.

The booklet covers issues such as ‘difficulties after abuse’, ‘dealing with shame and guilt’ and ‘a hopeful future’. The authors indicate their commitment to continually reviewing its contents and ask readers to make suggestions to enhance its use.

You can download a copy of the guide at this link – <http://www.scottishrecovery.net/Latest-News/acts-of-recovery.html>

#### **5. Helping homeless 'saves \$3600 per person'**

**Herald Sun, Melbourne, Australia**

17 April 2012

It costs more to leave a person homeless than to help them, a new program has found.

Mission Australia's Michael Project has been a three-year initiative to provide homeless men with quick access to a range of support, including dental and mental health services, personal grooming and hygiene, education and personal fitness.



While several thousand men received some help, the project followed 106 in Sydney over a full year.

It found that over that period they were far less likely to go to hospital for emergency help, relied less on government-funded emergency accommodation, were more likely to find work and were much more likely to find long-term housing.

It said over the course of the year the money spent by governments on services such as ambulances, emergency department care, court and police costs dropped by an average of \$8446 for each person.

Taking into account the cost of running the Michael Project, the savings per person were still \$3600.

Mission Australia spokeswoman Eleri Morgan-Thomas said the project showed that if the right kind of support was offered to the homeless it could save the community money.

"People who are homeless struggle to access mainstream health services, like GPs, dentists and psychologists and, as a result, their complex needs are not met," she said.

"That's why they tend to finish up in expensive parts of the system like hospital emergency departments.

"If you supply homeless people with the services they need, you not only achieve better outcomes but you save money in the process."

Ms Morgan-Thomas said Mission Australia was already talking with governments across the country about how the Michael Project could be used to help other homeless people.

<http://www.heraldsun.com.au/money/money-matters/helping-homeless-saves-3600-per-person/story-fn312ws8-1226329745499>

## **6. Carers campaign for complex where mentally ill kids are safe**

**Publication: Sunday Mail (Queensland)**

**Author: Daryl Passmore**

15 April 2012

FOR nearly two decades, Helen Ovens' life has been dominated by worry over the wellbeing of her son, Tom.

Since being diagnosed with schizophrenia as an 18-year-old Tom, now 35, has been caught in a cycle of repeated and prolonged periods in hospital.





In between, a lack of suitable accommodation in the community means parents like Ms Ovens have picked up the responsibility of caring for their adult children who yearn for independence but struggle to get and keep private rental tenancies while battling the effects of chronic mental illness.

Eventually, the challenges of Tom's illness made it impossible for Ms Ovens, 66, to have him live with her and she had to do "the most dreadful bloody thing" and tell doctors he could not go home.

He was placed in transitional housing, sharing a flat with a complete stranger - an older man with alcoholism.

On another occasion, he was given the option of being discharged from hospital to a backpackers' hostel.

"It's shameful," says Ms Ovens.

After years of seeing her son, Richard, swap between boarding houses and hostels, Gaynor Thearle raised the money to buy a townhouse for him to live in six years ago. "One of the big things with mental illness is that you are not going to get better when there are dramas all around you," she says.

"They (boarding houses) are very unhealthy places. Most of the residents have a mental illness themselves. The police are often called. There is alcohol and drugs."

Having a place of his own provided some security and safety for Richard, now 38, but other problems emerged.

"He became quite a recluse. He wouldn't even let me go and visit," says Ms Thearle. Her son's depression worsened and he became physically unwell because he wasn't eating properly or taking good care of himself.

Richard's condition deteriorated to the point where he is at present back in hospital.

"It's very difficult for us as parents," says Ms Thearle. "It can be very stressful and heart-rending."

Wesley Mission's director of community services for southeast Queensland, Michelle Skinner, says: "This group of people is not even on the radar.

"They come from middle-class families and they are very vulnerable. But until now, the families have simply got on with it, doing the best they can."

Wesley Mission is working with Mantle Housing, a group of 40 or so parents in a similar position to Ms Ovens.



“They are very concerned because they are getting older and frailer and worried about what will happen to their sons or daughters,” said Ms Skinner.

“The parents are aged 65 and up, some in their 80s. Some of them are looking to move into care themselves,” said Ms Skinner.

The group wants a purpose-built residential complex where their children can live, free from stigma, with the independence of their own unit while having access to an onsite support worker when needed.

Successful projects have been completed in Victoria and the ACT.

Wesley Mission has agreed to support Mantle with land and building costs for an initial group of 14 residents in Brisbane, but requests to the previous Queensland Government for \$430,000 a year to cover the staffing costs fell on deaf ears.

“The bureaucrats can't find a box we fit in. We're asking: ‘Can't we change the shape of the box?’” Ms Skinner said.

She argues that the model proposed would actually save the Government money in hidden costs, through hospital care, policing and the justice system.

“They will have a permanent home for the rest of their life if they want it. If people have a home where they are comfortable and secure and supported, so much else follows from that.”

New Minister for Disability Services Tracy Davis said she was unfamiliar with the proposal.

Allan Fels knows how hard it is for carers to get governments to listen and how important it is to persist.

The former Australian Competition and Consumer Commission head, who last month started his role as chairman of the new national Mental Health Commission, has a deeply personal understanding of what families go through.

Professor Fels and his wife, Isabel, have been supporting their 39-year-old daughter, Isabella, who has been living with schizophrenia, for the past 15 years.

She is one of the first residents of The Haven, a development of 14 self-contained units in Melbourne, providing the balance of independent living with company when wanted and onsite support.

“All of those elements have to be there,” says Prof Fels, who has been providing advice and encouragement to the Mantle/Wesley Mission group in Brisbane.



“Medical and psychiatric treatment alone is inadequate if people have to sleep under a bridge or even have temporary or insecure accommodation which makes them feel vulnerable. And it's not just a matter of providing an apartment where someone lives alone,” he says.

The Victorian Government contributed \$3 million to convert a convent for The Haven, but Prof Fels says it took “several years of intense persuasion and lobbying”.

“Government support is based on the assumption that mentally ill people have a temporary problem, from which they largely recover. But at the serious end - with schizophrenia, bipolar and other disorders - many people have permanent or long-term problems that require long-term or permanent care.”

Mental illness is given low priority by governments, Prof Fels says. “There are not many votes in it. But it is critical that action is taken to look after people.”

Ms Ovens simply says: “We would all be able to die in peace - without worrying about our kids.”

## 7. Tackling bipolar disorder via the internet

**AAP**

**The West Australian**

April 13, 2012

At age 23, having just completed her honours at university, Terri McNeilage was diagnosed with bipolar disorder.

She had been noticing symptoms since her teenage years but it wasn't until the end of a relationship that those symptoms culminated in a big manic episode.

Ms McNeilage, now aged 34, had also been studying heavily, going from schooling straight into university and a double honours major (psychology and creative writing).

During these years she began noticing she would get “really manic” and stay up a lot to try and finish things.

The emotional stress of her lifestyle kick-started a large manic psychotic episode, which led to significant weight loss, spending a lot of money and becoming dysfunctional.

Ms McNeilage moved back in with her parents, who noticed she was unwell and took her to see a GP. It was then that she was diagnosed with bipolar and admitted into a private psychiatric hospital, where she stayed for about a month.



She says she had to spend time getting back on her feet and understanding her illness and the medication she needed.

At that stage, to learn about her medication options and possible side-effects she would make regular visits to her GP and psychiatrists.

In 2001, about a year after her diagnosis, Ms McNeilage turned to the internet for advice.

She started to understand, she says, that she could use her skills as a former student to research her condition online.

Ms McNeilage is among many Australians with a mental illness who use the internet to research symptoms and conditions.

According to a survey by mental health charity SANE Australia, more than 60 per cent of respondents used the internet to search for health information.

The anonymous online survey of 605 respondents found that many people with a mental illness are enthusiastic users of the internet and social media to manage their lives and make social connections.

One-third of respondents had used reputable online self-help programs, such as MoodGYM, e-couch and Anxiety Online, and many say such sites are making a real difference to their lives.

"Importantly, the majority (72.7 per cent) told us that the internet made it easier to maintain existing relationships and to make new ones," says SANE Australia executive director Barbara Hocking, following the release of the findings in March.

Ms McNeilage admits she finds using the internet less confronting and easier than having to make appointments with doctors.

She says there is a long list of side-effects for the various mental illnesses, and sufferers need to find their own research path to figure how best to manage them as well as how much of the population is affected.

Although Ms McNeilage, who works for the Victorian Mental Illness Awareness Council in Melbourne, is not an active participant on blogs she does read them.

"I find blogs a little bit scary because there's so much (information) that I can get overwhelmed," she says.

She does, though, keep printouts of interesting online discussions about symptoms, which she finds comforting.



"Often with mental illness you feel like 'I'm the only one that does this particular thing' and to know that other people have those symptoms and struggle with it and have found particular ways of dealing with it, it's almost like somebody taking your hand and saying 'it's OK, you're not the only one, this is an illness that I have too and I do this too'."

Four out of five (81.3 per cent) of the respondents to the SANE Australia survey had a Facebook account (compared with around 50 per cent for the general population), while one in three (34 per cent) had a Twitter account.

Ms Hocking says this is an important finding that shows how the internet plays a valuable role in helping people overcome isolation and stay connected.

Ms McNeilage has a Facebook account and even though she doesn't post much about bipolar disorder she has connected with old high school and uni friends who have also had problems with mental illness or know somebody who has.

Her advice to other sufferers: use your research or communication skills to help yourself.

"Try and be proactive because you don't want to feel like you're an object being treated. You are a human being and you do have a knowledge base that's unique to you," she says.

\* The Victorian Mental Illness Awareness Council has a range of information available about mental illnesses, psychiatric medication and mental health issues ([vmiac.org.au](http://vmiac.org.au)). For more information about the study visit [sane.org](http://sane.org) and follow the links to the research page.

<http://au.news.yahoo.com/thewest/lifestyle/a/-/lifestyle/13414379/tackling-bipolar-disorder-via-the-internet/>

## **8. Stress and mental health among midlife and older gay-identified men**

**Wight, LeBlanc, de Vries & Detels**

**American Journal of Public Health**

Volume 102 Number 3

March 2012

### **Objectives:**

We investigated associations between stress and mental health (positive affect, depressive symptoms) among HIV-negative and HIV-positive midlife and older gay-identified men, along with the mediating and moderating effects of mastery and emotional support. We also studied the mental health effects of same-sex marriage.

### **Methods:**

We obtained data from self-administered questionnaires completed in 2009 or 2010 by a subsample (n = 202; average age = 56.91 years; age range = 44-75 years) of participants in





the University of California, Los Angeles component of the Multicenter AIDS Cohort Study, one of the largest and longest-running natural-history studies of HIV/AIDS in the United States.

**Results:**

Both sexual minority stress (perceived gay-related stigma, excessive HIV bereavements) and aging-related stress (independence and fiscal concerns) appeared to have been detrimental to mental health. Sense of mastery partially mediated these associations. Being legally married was significantly protective net of all covariates, including having a domestic partner but not being married. Education, HIV status, and race/ethnicity had no significant effects.

**Conclusions:**

Sexual minority and aging-related stress significantly affected the emotional lives of these men. Personal sense of mastery may help to sustain them as they age. We observed specific mental health benefits of same-sex legal marriage.

<http://www.ncbi.nlm.nih.gov/pubmed/22390515>

## 9. Abuse as a child linked to longer term homeless

**Sydney Morning Herald**

**ADELE HORIN**

19 Apr, 2012 03:00 AM

TWO-THIRDS of people in a national study of homelessness suffered physical or sexual violence as children or had been neglected or emotionally abused. About one-third had been sexually assaulted.

The study by the Melbourne Institute of Applied Economic and Social Research was commissioned by the federal government. It is the first stage in the Journeys Home project that will track homeless and marginally housed Australians over two years to determine the factors that contribute to longterm homelessness.

The study also reveals the Centrelink system that flags clients who are homeless or at risk of homelessness in order to give them special consideration may be failing to identify tens of thousands of vulnerable people.

The research is based on interviews with 1682 people flagged by Centrelink and another group that had not been flagged as homeless but identified by the researchers as having characteristics that also made them highly vulnerable.

It found those exposed to violence or abuse as children were much more likely to experience longer periods of homelessness over their lifetime. This was also true for people who had been in foster or residential care as children.



"It's clear the experience of trauma as children affects the length of time they are homeless," a researcher, Rosanna Scutella, said.

Contrary to expectations, the study found homelessness was not usually a short, one-off experience. Rather most of the people in the study had long, if broken, histories of homelessness, and found it difficult to make a permanent escape. They cycled between homelessness, marginal housing and stable housing.

"It looks like they can sometimes get stable housing but the problem is they can't keep it," Dr Scutella said.

This meant it was important to prevent people ever falling into homelessness, and if they became homeless to get them into stable housing quickly and help them stay there, she said.

The study indicates Centrelink had failed to flag 95,755 people as homeless or at risk of homelessness between January 2010 and May 2011, even though the researchers later found many in this group to be as vulnerable as the flagged groups.

For example, 15 per cent of this overlooked group were homeless when researchers conducted interviews with them, and they were no more likely to have found stable accommodation than the group Centrelink had flagged as homeless.

At the same time, only one-quarter of those Centrelink had flagged as homeless within the previous 18 months were still homeless when contacted by the researchers. About half were in stable housing, and the rest in marginal housing. But high proportions had been homeless during the previous six months, indicative of the fluid nature of their housing situation, Dr Scutella said.

The research will be presented at the Homelessness Research Conference in Melbourne today.

Centrelink did not respond to questions.



## 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](mailto:kim.harris@mhca.org.au) Kim Harris, Carer and Consumer Project Officer, Mental Health Council of Australia. Tel (02) 6285 3100*

[www.mhca.org.au](http://www.mhca.org.au)

